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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acce	ordance with the instru	ctions to the Form 5500	0-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/20	014	and ending 1	1/26/2	014	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	x a short plan year retur	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	otion)				
Part II	Basic Plan Infor	rmation—enter all requested infor	rmation				
1a Name	of plan				1b	Three-digit	
KONTAKT U	I.S. INTERNATIONAL,	INC. DEFINED BENEFIT PLAN				plan number	
						(PN) ▶	002
					1c	Effective date o	f plan
						01/01	/2005
	ponsor's name and add J.S. INTERNATIONAL,	dress; include room or suite number INC.	(employer, if for a single-	employer plan)			fication Number 81443
					2c	Sponsor's telep	
	STREET, 2ND FL HINGTON, NY 11050				2d		(see instructions)
						42430	,
3a Plan a	dministrator's name and	d address Same as Plan Sponso	r Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
							·
		plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the other from the last return/report.	e last return/report filed fo	or this plan, enter the			
name, a Sponso	, EIN, and the plan num or's name	nber from the last return/report.		·	4c		
name, a Sponso 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.			4c 5a		6
name, a Sponso 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c		6
name, a Sponso 5a Total r b Total r c Number	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	nber from the last return/report.	e plan year (defined bene	efit plans do not	4c 5a		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of V	oar	
<u>'</u>	Total plan assets	. 7a	(a) Beginning of Tea				(D) EII	<u>u oi i</u>	ear ()
	Total plan liabilities	7b		0						
	Net plan assets (subtract line 7b from line 7a)	7c	140187						C	
8	Income, Expenses, and Transfers for this Plan Year	, ,,,					(b)	Total		
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	. 8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	8811	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							88111	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	148998	9						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						1	489989)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-1	401878	3
j	Transfers to (from) the plan (see instructions)	- 8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1H 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
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	Χ					100000
d	, , ,	fidelity bo	nd, that was caused by fraud	10d		X				100000
—е	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year fr					11a				9420
12	Is this a defined contribution plan subject to the minimum funding		, ,				ERISA?	[[Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J. 50		01		<u> </u>		
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	ne date o	f the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					7				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
гаус	J	

С	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	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 confidence of the PBGC?	control		X 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) twhich assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

File as an attachment to Form 5500 or 5500-SF.

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Fo	r calenda	r p	lan year 20	13 or 1	fiscal plan	year begii	nning	01/01/2014				and en	ding	11/26/	/2014				
•	Round o	off	amounts t	o nea	rest dollar														
•	Caution	: A	penalty of	\$1,000	0 will be as	ssessed fo	or late filing	of this report	unless reas	onable ca	ause is	establis	hed.						
	Name of										В	Three-o	digit						
KC	ONTAKT L	J.S	S. INTERNA	TION	AL, INC. D	EFINED E	BENEFIT P	LAN				plan nu	ımbe	r (PN)	•		00)2	
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						2a of Forn	n 5500 or 5	500-SF			D	Employe	er Ide	entificatio	n Nu	mber (E	EIN)		
KC	DNIAKIL	J.S	. INTERNA	(HON)	AL, INC.								1	3-36814	43				
										_	<u> </u>								
Е	Type of pla	an:	: X Single		Multiple-A	Multi	ple-B	F	Prior year pla	an size: 🕽	X 100	or fewer		101-500)	More th	an 500		
Р	art I	В	asic Info	rmat	ion														
1			valuation d			Month _ (11	Day01	Year	2014									
2	Assets		valuation	aic.		WOTH _		Day	rear_	2017									
_			voluo										Г	2a				14018	0.70
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3																(2) =		14018	3/8
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	_						0.,	nent						0					
					articipants.				. 3b					1				814	49C
	C For a	acti	ive participa	ants:															
	(1)	Non-veste	d bene	efits														C
	(2	2)	Vested be	nefits .					. 3c(2)									18374	480
	(3)	Total activ	e					. 3c(3)					5				18374	48 0
	d Tota	١							. 3d					6				19189) 70
4	If the p	lar	n is in at-risl	k statu	ıs, check th	ne box and	d complete	lines (a) and	(b)		. 🗌								
	a Fund	dino	a taraet dis	regard	lina prescri	ibed at-ris	k assumption	ons						4a					
		•		Ū	٠.		•	arding transit					-	41-					
								nd disregardin						4b					
5	Effectiv	/e	interest rate	e										5				6.72	%
6	Target	no	rmal cost											6					0
Sta	tement b	y I	Enrolled A	ctuary	,														
								ompanying schedumption is reasonal											
			fer my best est					inplion is reasonal	ole (taking into a	ccount the e	ехрепен	se or the pr	an an	reasonable	e expe	cialions) i	and Such of	nei assumptions	, 111
9	SIGN																		
ì	HERE														1	2/15/20	114		
•					Sign	ature of a	ctuary				_					Date	· · ·		
$C\Lambda$	RL SHALI	_			Olgii	ature or a	otdary										4.4		
CA	KL SI IALI	_			Tuna ar n	rint nama	of cotuces				_			Most rec		14-024			
.	DI 011411	_			Type of p	nni name	of actuary							wost rec				ei	
СA	KL SHALI	11.	& ASSOCIA	AIES							_					978-745			
35	CONGRE	50	S STREET	STF 2	202	Firm nam	ie						Гele	phone nu	umbe	r (inclu	ding area	a code)	
	LEM, MA			J.L 2	.02														
					Ad	dress of th	ne firm				_								
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i (n	e actuary	na	is not tully r	enecte	any regi	uiation or i	ruling prom	ulgated unde	ine statute	in comple	eting th	iis sche	uule,	cneck tr	ie po	x and s	ee		

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Schedule SB (Form 5500) 2013

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances							
							(a) (Carryover balance		(b) F	Prefundi	ng balance	
7		Ū	0 , ,		icable adjustments (line 13 f	•			0			55822	!
8				-	funding requirement (line 35				0			55822)
9	Amoun	nt remaini	ng (line 7 minus lir	ne 8)					0			0)
10	Interes	t on line 9	9 using prior year's	actual re	turn of1.36 %				0			0)
11 Prior year's excess contributions to be added to prefunding balance:													
a Present value of excess contributions (line 38a from prior year)										0)		
b Interest on (a) using prior year's effective interest rate of											0	,	
	C Total	l available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						0	
	d Port	ion of (c)	to be added to pre	funding b	alance							0	
12	Other r	reductions	s in balances due t	to election	s or deemed elections				0			0	
13	Balanc	e at begir	nning of current ye	ar (line 9	+ line 10 + line 11d – line 12)			0			0	
P	art III	Fun	ding Percenta	iges									
14	Fundin	g target a	attainment percent	age							14	73.05 %	,
15	Adjuste	ed fundin	g target attainment	t percenta	ge						15	73.05 %)
16					s of determining whether car						16	94.04 %)
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%)
P	art IV	Con	tributions and	d Liquid	lity Shortfalls								
18	Contrib	outions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
/N	(a) Da 1M-DD-Y		(b) Amount pa		(c) Amount paid by	(a) [(MM-DD		(b) Amount pa	•	(0		nt paid by	
(IV	ו-טט-וווו	1111)	employer(3)	employees	(IVIIVI-DD	-1111)	employer(3)		ешрі	oyees	_
													_
													_
													_
													_
						Totals ▶	18(b)			18(c)			
19	Discou	inted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	he beginning of the	e year:				
	a Conf	tributions	allocated toward u	ınpaid mir	nimum required contributions	from prior	years		19a				0
	b Cont	tributions	made to avoid res	trictions a	djusted to valuation date				19b				0
	C Cont	tributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	l to valuation	n date	19c				0
20	Quarte	rly contrib	outions and liquidit	y shortfall:	s:								
	a Did t	the plan h	nave a "funding sho	ortfall" for	the prior year?						<mark>></mark>	Yes No	
	b If line	e 20a is "	Yes," were require	d quarterl	y installments for the current	year made	in a timely	manner?				Yes X No	
	C If line	e 20a is "	Yes," see instruction	ons and co	omplete the following table a	s applicable	e:						
		(4)			Liquidity shortfall as of e	nd of quarte		,			(4)		_
	(1) 1st (2) 2nd (3) 3rd (4) 4th												
			0			0			0				0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Segi	ment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment 6.99 %		N/A, fu	II yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	irement age			22				66
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27	If the p	lan is subject to	o alternative funding rules, ent	er applicable code and see instruc	tions regarding	27				<u> </u>
	attachn	nent				21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	minimum requ	uired contributions for all prior	years		28				605960
29				unpaid minimum required contrib		29				0
30				ntributions (line 28 minus line 29)		30				605960
			Required Contribution			<u> </u>				
31		1	nd excess assets (see instruct							
			*			31a				0
	_		·	line 31a		31b				0
32		zation installme	<u> </u>		Outstanding Bala	1		nstallm	ent	0
02					Outotailing Bail	517092		- Iotalii II	- Cit	9420
						0				0
33				ter the date of the ruling letter grar	ting the approval					0
33) and the waived amount		33				0
34	Total fu	unding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				9420
-				Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35	Balanc	es elected for i	use to offset funding							
				0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				9420
37				ontribution for current year adjuste		37				0
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		1				
	a Total	(excess, if any	y, of line 37 over line 36)			38a				0
	b Portion	on included in	line 38a attributable to use of	orefunding and funding standard c	arryover balances	38b				0
39				ear (excess, if any, of line 36 over		39				9420
40	Unpaid	minimum requ	uired contributions for all years			40				615380
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
			de to use PRA 2010 funding re			-				
	a Sche	dule elected					2 plus 7 yea	rs	15	years
	b Eligib	ole plan year(s) for which the election in line	11a was made				2010		2011
42			•			42	<u>L</u>			
				d over to future plan years		43				

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall Shortfall		01/01/2013 01/01/2014	4.99 / 6.32 4.99 / 6.32	83,848 443,164	7.00 7.00	73,928 443,164	6.00 7.00	1,495 7,925
Totals	Shortfall					517,092		9,420

Name of Plan:

Kontakt U.S. International, Inc. Defined Benefit Plan

Plan Sponsor's EIN:

13-3681443

Plan Number:

002

Schedule SB - Part V - Summary of Plan Provisions

Employer and Plan Data

 Initial effective date
 01/01/2005

 Plan year begins
 01/01/2014

 Plan year ends
 12/31/2014

 Valuation date
 01/01/2014

Eligibility Requirements

Waiting period (mos) 12
Minimum age 21
Minimum age (mos) 0

Normal Retirement

Minimum age65Minimum years of service0Minimum years of participation5Retirement date1st of month following

Benefits

Pension Formula: Benefit formula – Frozen Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2014

Unit type: Percent
Unit based on: Participation
Maximum total percent: 0.00%
Tiers based on: None

First tier: 0.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 3 Future years: 99 Total years: 20

Vesting

Primary Secondary

<u>Vesting Schedule</u>
3 year cliff
Secondary

<u>Vesting Schedule</u>
3 year cliff

Name of Plan: Kontakt U.S. International, Inc. Defined Benefit Plan

Plan Sponsor's EIN: 13-3681443 Plan Number: 002

Plan Sponsor's Name: Kontakt U.S. International, Inc.

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

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement age are assumed to retire at the end of the plan year.

Name of Plan: Kontakt U.S. International, Inc. Defined Benefit Plan

Plan Sponsor's EIN: 13-3681443

Plan Number: 002

Plan Sponsor's Name: Kontakt U.S. International, Inc.

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).

OMB No. 1210-0110

2013

2014

Schedule SB (Form 5500) 2013

This Form is Open to Public Inspection

	▶ File as an attachme	ent to Form	5500 or	5500-SF.				<u> </u>
For	calendar plan year 2013 or fiscal plan year beginning 01/01/	2014	•	and ending)	12	/31/2014	
•	Round off amounts to nearest dollar.							
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is established	l.			
A	lame of plan			B Three-digit				
F	CONTAKT U.S. INTERNATIONAL INC. DEFINED BENE	FIT PL	AN	plan numb	er (PN)) .	002
			* *					
C F	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Id	entificati	on N	umber (EIN)	
	CONTAKT U.S. INTERNATIONAL, INC.			13-3681443				
Ε٦	ype of plan: X Single Multiple-A Multiple-B F	Prior year pl	an size: 🛚	100 or fewer	101-50	0	More than 500	
P	rt I Basic Information				-			
1	Enter the valuation date: Month 01 Day 01	Year	2014					
<u>·</u>	Assets:				-			
_	a Market value				2a	H1100H131		1401878
	b Actuarial value				2b		•	1401878
3	Funding target/participant count breakdown:		1	lumber of participa			(2) Funding	
J	a For retired participants and beneficiaries receiving payment	. 3a	(1)	difficer of participa	0		(2) I driding	narget 0
			<u> </u>		1			81490
	b For terminated vested participants	. 30	Mark Property			lacera illa		
	C For active participants:	20/4)	-		late F	al Red		
	(1) Non-vested benefits		4,					1005100
	(2) Vested benefits	1 - :						1837480
	(3) Total active		ļ		5			1837480
	d Total	. <u>3d</u>	ļ		6	animenterani	surromothan (utau anno anno anno anno anno anno anno an	1918970
4	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 transit	ion rule for p	plans that	have been in	4b			
	at-risk status for fewer than five consecutive years and disregardin	g loading fa	ctor					
5	Effective interest rate			••••••	5			6.72%
6	Target normal cost			•••••••••••••••••••••••••••••••••••••••	6			0
	ement by Enrolled Actuary							
	To the best of my knowledge, the information supplied in this schedule and accompanying schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonat combination, offer my best estimate of anticipated experience under the plan.	iles, statements ole (taking into a	and attachm account the e	ents, if any, is complete experience of the plan ar	and accura nd reasonal	ate. Ea ole exp	ch prescribed assumpt ectations) and such oth	tion was applied in her assumptions, in
5	IGN // //	/ -	_					
阿里斯	ERE Carlo	1				12/	15/2014	
10000000	Signature of actuary					····	Date	
CAR	L SHALIT					1.	402414	
<u> </u>	Type or print name of actuary			-	Most ro		enrollment numb	or .
CAR	L SHALIT & ASSOCIATES						745-9939	CI.
	Firm name			Tele	ephone r	umb	er (including area	code)
35	CONGRESS STREET STE 202							
SAL	EM MA 01970							
-	Address of the firm			_				
If the	actuary has not fully reflected any regulation or ruling promulgated under	the statute	in comple	eting this schedule	. check t	the h	ox and see	П
	actions		3,,,,,,,,		,			

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

Pa	utII Begir	nning of Year	Carryov	er Prefunding Bala	inces						<u> </u>
processor and the second						(a)	Carryover balance		(b)	Prefundi	ng balance
7				icable adjustments (line 1	•			0			55822
8				funding requirement (line		•••		0	,		55822
_9	Amount remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest on line 9	9 using prior year's	actual re	turn of1.36%				0		·	0
11	Prior year's exce	ess contributions t	o be adde	d to prefunding balance:		F Page 1					
	a Present value	of excess contrib	utions (line	e 38a from prior year)	•••••						0
				interest rate of 6.5							0
	C Total available	at beginning of cur	rent plan y	ear to add to prefunding ba	alance						0
	d Portion of (c)	to be added to pre	funding b	alance							0
12	Other reductions	s in balances due	to election	s or deemed elections				0			0
13	Balance at begi	nning of current ye	ar (line 9	+ line 10 + line 11d - line	12)			0			0
P	a rtili Fun	ding Percenta	ages					L			
никания	in the state of th									14	73.05%
		g target attainmen			•					15	73.05%
	Prior year's fund	ding percentage fo	r purpose	s of determining whether	carryover/pro	funding bala	ances may be used to			16	94.04%
17				is less than 70 percent of						17	%
P	art IV Con	ntributions and	d liquid	ity shortfalls						· · · · · · · · · · · · · · · · · · ·	
measure enga	Store on Attour Section			year by employer(s) and	emplovees:	** ***					
	(a) Date	(b) Amount p		(c) Amount paid by) Date	(b) Amount pai	d by	T (c) Amou	nt paid by
(N	M-DD-YYYY)	employer	(s)	employees	(MM-I	D-YYYY)	employer(s)		empl	oyees
				·							·
	- t		·			·					
				*							
			***************************************				·				
					!						
nocesa esta senso											
		resident States in account of			Totals	► 18(b)			0 18(c)		0
19	Discounted emp	loyer contributions	– see ins	tructions for small plan w	ith a valuatio	n date after	the beginning of the	year:			
	a Contributions	allocated toward u	ınpaid mir	nimum required contributi	ons from pric	r years		19a			0
	b Contributions	made to avoid res	trictions a	djusted to valuation date.		•••••		19b	,		0
	c Contributions a	allocated toward mi	nimum req	uired contribution for curre	nt year adjust	ed to valuatio	n date	19c			0
20	Quarterly contrib	outions and liquidit	y shortfall	s;							
	a Did the plan h	nave a "funding sh	ortfall" for	the prior year?						Х	Yes No
	b If 20a is "Yes,	," were required qu	arterly ins	stallments for the current	year made ir	a timely ma	nner?				Yes X No
				lete the following table as	='	•		. [
				Liquidity shortfall as o		ter of this pl	an year			acioniment della	AUSTORIES ESCALISTRATURA (CARACTER SALVES SA
	(1) 1s	st		(2) 2nd		(3)				(4) 4th	
		0			o		. 0)			0

Pa	··· ···· · · · · · · · · · · · · · · ·	ns Used to Determine	Funding Target and Targe	t Normal Cost		
21		1ot company	2nd page part	2-4	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	a Segment rates:	1st segment: 4 . 99%	2nd segment: 6 . 32%	3rd segment: 6.99%		N/A, full yield curve used
	b Applicable month (enter code)			21b	0
22	Weighted average ret	tirement age			22	66
23	Mortality table(s) (see	e instructions) 🐰 Pr	escribed - combined Pre	scribed - separate	Substitut	e .
Pa	rt VI Miscellane	ous Items	, , , , , , , , , , , , , , , , , , , ,			
24			tuarial assumptions for the current	•		
25	Has a method change	e been made for the current p	an year? If "Yes," see instructions	regarding required attac	hment	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X Yes No
27			ter applicable code and see instruc		27	
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior	years		28	605960
29			d unpaid minimum required contrib	' '	29	. 0
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	605960
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruc	tions):			
		· · · · · · · · · · · · · · · · · · ·			31a	0
	b Excess assets, if a	pplicable, but not greater than	line 31a	· · · · · · · · · · · · · · · · · · ·	31b	. 0
32	Amortization installme	ents:		Outstanding Bala		Installment
	a Net shortfall amortiz	zation installment	;		517092	9420
<u>.</u>	b Waiver amortization	n installment		<u> </u>	0	0
33			nter the date of the ruling letter gran) and the waived amount		33	0
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	9420
			Carryover balance	Prefunding bala	nce	Total balance
35		use to offset funding	0		0	0
36	Additional cash requir	rement (line 34 minus line 35)			36	9420
37		•	ontribution for current year adjuste		37	0
38	Present value of exce	ess contributions for current ye	ear (see instructions)			
	a Total (excess, if any	y, of line 37 over line 36)		•••••	38a	0
	b Portion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b	. 0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	9420
40	orangomentos parenta.		s		40	615380
Pa	rt IX. Pension I	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)		
41	If an election was made	de to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year(s)) for which the election in line	41a was made		2008	2009 2010 2011
42	Amount of acceleratio	n adjustment			42	
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		43	

Schedule SB, Part V - Statement of Actuarial Assumptions

Actuarial Asset Valuation Method:	Market
Pre-retirement mortality:	None
Pre-retirement turnover:	None
Expected increase in compensation:	0.00%
Lump sum Election Percentage:	100.00%

Name of Plan: Kontakt U.S. International, Inc. Define

Plan Sponsor's EIN: 13-3681443

Plan Number: 002

Plan Sponsor's Name: Kontakt U.S. International, Inc.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp	ı		Го 24 Avg. Comp	25 No.	To 29 Avg. Comp		To 34 Avg. Comp		5 To 39 Avg. Comp		& Up Avg. Comp
											\perp										
Under 25	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	10	0
25 to 29	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	1	0	0	0	0	0	0	0	+	0	0	0	0		0	0	0		0
		Ů		v		Ů		Ů	Ť	Ů	土		v		Ů		Ů		v		Ů
40 to 44	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	- 0	0
45 to 49	0	0	0	0	0	0	0	0	1	0		0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0		0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	2	0	\perp	0	0	0	0	0	0	0	0	0	0
								_			$oxed{L}$										
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0

Name of plan: Kontakt U.S. International, Inc. Defined Benefit Plan

Plan sponsor's name: Kontakt U.S. International, Inc.

Plan number: 002

EIN: 13-3681443