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

							with the instruc				
Pa	art I	Annual Report I	Identi	fication Info	ormation						
For	calenda	ar plan year 2013 or fis	cal plar	n year beginnin	ng 10/01	/2013		and ending	09/30/	2014	
Α .	This ret	turn/report is for:	× a s	ingle-employer	plan	a mul	tiple-employer pla	an (not multiemploye	r)	a one-partici	pant plan
В .	This ret	turn/report is:	the	first return/rep	ort	x the fir	nal return/report				
			an	amended retur	rn/report	a shor	t plan year return	/report (less than 12	months	5)	
C	Check b	box if filing under:	X For	m 5558		auton	natic extension			DFVC progra	am
		_	spe	ecial extension	(enter desc	cription)				_	
Pa	art II	Basic Plan Infor	rmatic	n—enter all r	equested in	formation					
1a	Name	of plan			•				1b	Three-digit	
ALLA	N KAIS	SER, PC PENSION PLA	AN							plan number	
									10	(PN)	005
									10	Effective date o	of plan 1/1998
2a	Plan sr	ponsor's name and add	dress: ir	nclude room or	suite numb	er (employe	er if for a single-	emplover plan)	2h	Employer Identi	
		SER, PC			00.10	.o. (op.o)	o.,o. a og.o	op.o.jo. p.a			313255
									2c	Sponsor's telep	phone number
1040	PARK	AVENUE APT. 8D								212-99	
NEW	YORK	, NY 10028							2d	Business code	(see instructions)
										6211	
3a	Plan a	dministrator's name an	d addre	ss XSame as	Plan Spon	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
									3с	Administrator's	telephone number
											•
									-		
4		name and/or EIN of the			•	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
-	name,	, EIN, and the plan num			•	the last ret	urn/report filed fo	r this plan, enter the			
a	name, Sponse		nber fro	m the last retu	rn/report.		· 	, ·	4c	PN	2
a	name, Sponso Total r	, EIN, and the plan num or's name	nber fro	m the last retu	rn/report.				4c 5a	PN	2
а 5а	name, Sponso Total r Total r Numbe	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the b	m the last retureginning of the nd of the plan balances as o	rn/report. e plan year. year	the plan ye	ear (defined bene	fit plans do not	4c 5a 5b	PN	
a 5a b c	name, Sponso Total r Total r Number compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the b	m the last retureginning of the nd of the plan balances as o	rn/report. e plan year . year f the end of	the plan ye	ear (defined bene	fit plans do not	4c 5a 5b	PN	0
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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) End	of V	oar .		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liiu	01 1	cai ()	
	Total plan liabilities	7b		0	+						
	Net plan assets (subtract line 7b from line 7a)	7c	173770	8					()	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) 1	otal			
	Contributions received or receivable from:		(a) Amount				(D)	Otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3267	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							32670	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	177037	8							
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	770378	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	737708	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1F 1I 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Λ	nt		
a		tions within	n the time period described in		103	140		AIII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
~	on line 10a.)	`	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				200	000
	or dishonesty?			100							
E	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		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	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	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							×	Yes	П	No
44-	5500) and line 11a below)							<u> </u>	168	Ц	0
	Enter the unpaid minimum required contribution for current year fr		,			11a		Г	1 🗸	V	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	LL	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	054	nte - Al	o dota af	be !	**************	in-	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	Day	ie date of	the le		ırıg	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	Ī				
h	Enter the minimum required contribution for this plan year				[12b	I				

Page	3 -	1
raye	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 attachm	ent to Form	5500 or	5500-	SF.					
Fc	r calendar _l	olan year 2013	3 or fiscal p	olan ye	ar beginning 1	0/01/2013				and end	ing 09/3	0/201	4		
		amounts to			essed for late filing o	of this report	tunless reas	onable ca	ausa is	e eetahlich	ad				
Α	Name of pl				occountry late iming c		4 4111000 1000		В	Three-di)	005	
	Plan spons LAN KAISE		shown on I	line 2a	of Form 5500 or 55	00-SF			D	Employer	Identifica		umber ((EIN)	
Е	Type of plar	n: X Single	Multipl	le-A	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	101-5	00	More t	than 500	
		asic Inforr		<u>L</u>	<u> </u>										
1		valuation dat		М	lonth 10 I	Day <u>01</u>	Year_	2013							
2	Assets:	, varaation aat				<i></i>			_						
	a Market	value									2a				1658
	b Actuar	ial value									2b				1658
3	Funding	target/particip	ant count b	oreakd	own:			(1) N	lumbe	r of partici	pants		(2)	Funding Target	
	a For ref	ired participar	nts and ber	neficiar	ries receiving payme	ent	3a				0				C
	b For te	minated veste	ed participa	ants			3b				1				751
	C For ac	tive participan	ts:												
	(1)	Non-vested I	benefits				_ ` '								C
	(2)	Vested bene	fits				` ,								C
	(3)	Total active.									0				C
	d Total						3d				1				751
4	If the pla	n is in at-risk s	status, che	ck the	box and complete li	ines (a) and	(b)								
	a Fundir	ng target disre	garding pre	escribe	ed at-risk assumptio	ns					4a				
					mptions, but disrega						4b				
5	Effective	interest rate.									5				7.16 %
6	Target n	ormal cost									6				0
,	To the best of accordance w	ith applicable law a	e information s and regulations	s. În my d	in this schedule and accor opinion, each other assum rience under the plan.) and such other assur	
				Signati	ure of actuary				_				Date	<u></u>	
NA	CHMAN YA	AKOV ZISKIN		3	,								14-058	856	
				or prir	nt name of actuary				_		Most r	ecent		ent number	
EC	ONOMIC G	ROUP PENSI			·								212-49	94-9063	
					rm name				_	Т-	elephone	numb		uding area code)	
	3 7TH AVE W YORK, I										·		·		
				Addre	ess of the firm				_						
lf th	e actuary h	as not fully ref	lected any	regula	ition or ruling promu	llgated unde	er the statute	in comple	etina t	his schedi	ıle, check	the h	ox and	see	П
	ructions	as not rany ron	.co.co arry	. ogula	or raining profitte	gatoa anac	ino sidialo	compi	oung t		, 511001		on and		Ш

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Pa	art II	Begir	ning of Year	Carryov	ver and Prefunding Ba	alances						
						_	(a) (Carryover balance		(b) F	Prefundi	ng balance
7		•	•		icable adjustments (line 13 f				767			0
8				-	funding requirement (line 35				0			0
9									767			0
10	Interes	t on line 9	9 using prior year's	s actual re	turn of1.00 %				8			0
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:							
	a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)							61160
					interest rate of							4599
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						65759
	d Porti	ion of (c)	to be added to pre	efunding ba	alance							0
12	Other r	eductions	s in balances due	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)			775			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	117.57 %
15	Adjuste	ed fundin	g target attainmen	t percenta	ge						15	189.48 %
16					s of determining whether car						16	246.55 %
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N)	(a) Da ⁻ 1M-DD-Y		(b) Amount page employer((c) Amount paid by employees	(a) D (MM-DD)		(b) Amount pa employer(•	(0		int paid by oyees
(10	ו-טט-וווו	111)	employer	(3)	етпрюусез	(IVIIVI-DD	-1111)	employer(3)		Cilipi	oyees
						Totals ►	18(b)			18(c)		
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	e year:			
	a Conf	tributions	allocated toward u	unpaid mir	nimum required contributions	from prior y	ears		19a			0
	b Cont	tributions	made to avoid res	trictions a	djusted to valuation date				19b			0
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c			0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	s:							
	a Did t	the plan h	nave a "funding sh	ortfall" for	the prior year?						[Yes X No
	b If line	e 20a is "	Yes," were require	ed quarterl	y installments for the current	year made	in a timely	manner?		<u></u>	<u></u> [Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable	:					
		/4) 1			Liquidity shortfall as of e	nd of quarte					(4)	
		(1) 19	St		(2) 2nd		(3)	3rd			(4) 4tl	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment 7.16 %		N/A, fu	II yield	curv	e used
	b Appl	licable month (enter code)			21b				0
22	Weight	ted average ret	tirement age			. 22				71
23	Mortali	ty table(s) (se	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	equired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	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			Yes	X No
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				-
	attachr									
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years	1				
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28				0
29				unpaid minimum required contrib		29				0
30	Remair	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
			,			. 31a				0
				line 31a		. 31b				0
32		zation installme	<u> </u>		Outstanding Bala	ance	lı	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortizatio	n installment			0				0
33				ter the date of the ruling letter grar) and the waived amount		33				0
34	Total fu			er/prefunding balances (lines 31a -		34				0
	- Total Ic	anding roquiror	none perere removing earry ever	Carryover balance	Prefunding bala	1	To	tal bala	ance	
35	Dalana	as sleeted for	use to offset funding	Carryover balance	1 Totaliang bala			tai baii	41100	
33				0		0				0
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				0
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)		1				
						38a				0
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40)		40				
Pa	rt IX			Pension Relief Act of 2010)				
			de to use PRA 2010 funding re		<u>, </u>	,				
							2 plus 7 yea	rs [15	years
				41a was made				2010		2011
42			,	- Tu Was made		42	- 🔟 = 000 [` Ш	
				d over to future plan years		1				
			coloration annount to be callle	a cook to rataro plan youro		,				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pε	art I	Annual Report	t Identification Information					
For	calendai	r plan year 2013 or f	iscal plan year beginning	10/01/2013	and ending	09/	30/2014	
Α 1	This retu	ırn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
В	This retu	ırn/report is:	the first return/report	x the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C	Check b	ox if filing under:	x Form 5558	automatic extension		П	DFVC progra	m
		•	special extension (enter descri	ption)		_		
Da	rt II	Rasic Plan Info	ormation enter all requested in	oformation				
	Name	_	omation enter an requested in	HOITHAUGH		1b Th	ree-digit	
		n Kaiser, PC F	Pension Plan			pl. (P	an number 'N) ▶	005
							fective date o 0/01/1998	f plan
2a		ponsor's name and a n Kaiser, PC	address; include room or suite numbe	er (employer, if for a single	-employer plan)		mployer Ident IN) 11-23	fication Number 13255
	1040	Park Avenue A	wot. 8D				ponsor's telep 212) 996-	hone number 6771
IIS	New)		NY 10028				usiness code 21111	(see instructions)
3a			and address X Same as Plan Spo	nsor Name 🔲 Same as I	Plan Sponsor Address	3b A	dministrator's	EIN
						3c A	dministrator's	telephone number
4			he plan sponsor has changed since tumber from the last return/report.	the last return/report filed t	or this plan, enter the	4b E	IN	
а	Spons	or's name				4c P	N	
5a	Total n	number of participant	s at the beginning of the plan year .	***************************************		5a		2
b			s at the end of the plan year			5b		0
С		•	n account balances as of the end of t			5c		
6a		•	ts during the plan year invested in eli				,	XYes No
b	under If you	29 CFR 2520.104-46 answered "No" to	of the annual examination and report 5? (See instructions on waiver eligible either line 6a or line 6b, the plan ca	lity and conditions.)	and must instead use	Form 5	500.	X Yes No
С	If the p	olan is a defined ben	efit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		Yes X N	Not determined
Ca	ution: A	A penalty for the lat	te or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is e	stablished.	
SE	3 or Sch	alties of perjury and edule MB completed true, correct, and co	other penalties set forth in the instru l and signed by an enrolled actuary, implete.	ctions, I declare that I hav as well as the electronic vo	e examined this return/re ersion of this return/repo	eport, inc rt, and to	cluding, if appl the best of n	icable, a Schedule ny knowledge and
S	IGN _		. <u> </u>					
525125	201000000000000000000000000000000000000	ignature of plan ad	lministrator/	Date	Enter name of individua	al signing	g as plan adm	inistrator
e	IGN _	alla	lam	2-12-15				
41517140	211.0212007257	signature of employ		Date	Enter name of individua	al signing	as employer	or plan sponsor
Pr	-0114-04-0-1073		n name, if applicable) and address; in	nclude room or suite numb	er (optional)	Prepar	er's telephone	number (optional)
						!		
!								

Pa	till Financial Information							
111111111111111111111111111111111111111	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
а	Total plan assets	7a	1,737,70	98				0
b	Total plan liabilities	7b		0			•	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,737,70	8				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	20.00	10				
	Other income (loss)	8b	32,67	i U				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			70,1785)			32,670
	to provide benefits)	8d	1,770,37	78	6.40			igrazion di car decid
	Certain deemed and/or corrective distributions (see instructions)	8e			1			
f	Administrative service providers (salaries, fees, commissions)	8f				right.		grabitations
	Other expenses	. 8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,770,378
	Net income (loss) (subtract line 8h from line 8c)						(1	,737,708)
i	Transfers to (from) the plan (see instructions)	. 8j					usius audī	disability of grasse
Pa	rt IV Plan Characteristics		•					
\rightarrow	If the plan provides pension benefits, enter the applicable pension for 1A 1F 1I 3D If the plan provides welfare benefits, enter the applicable welfare fer							
man 17 1 11 2	rt V Compliance Questions				1	I		
10	During the plan year:	.41141- !			Yes	No	A	mount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		ж		
b	on line 10a.)		***************************************	10b		x		
	Was the plan covered by a fidelity bond?			10c	Х			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		ж		
	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	in?	······································	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		х		
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	,						X Yes No
11	a Enter the unpaid minimum required contribution for current year f	rom Sched	Iule SB (Form 5500) line 39			11a		
12						02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver				, and e		he date of ti	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
L.	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2013 Page 3 -				
	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 negative amount)		12d		
e	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 Y	s 🗌 N	0
	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 broof the PBGC?			[X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) t	0		
	13c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3) PN(s)
Pari	VIII Trust Information (optional)	1			
14a	Name of trust		14b T	rust's EIN	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Allan Kaiser, PC Pension Plan 11-2313255 / 005

For the plan year 10/01/2013 through 09/30/2014

Valuation Date: 10/01/2013

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 1.35

 Segment 2
 6 - 20
 4.05

> 20

Segment rates for the Valuation Date as

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 5.23

 Segment 2
 6 - 20
 6.51

 Segment 3
 > 20
 7.16

Pre-Retirement - Mortality Table - None

Segment 3

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

5.05

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

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

Testing Age - Use social security retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

KAISER-DB

February 11, 2015

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

Allan Kaiser, PC Pension Plan 11-2313255 / 005 For the plan year 10/01/2013 through 09/30/2014

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

Allan Kaiser, PC Pension Plan 11-2313255 / 005

For the plan year 10/01/2013 through 09/30/2014

Employer: Allan Kaiser, PC

Type of Entity - C-Corporation

EIN: 11-2313255 TIN: Plan #: 005 Plan Type: Defined Benefit

Dates: Effective - 10/01/1998 Year end - 09/30/2014 Valuation - 10/01/2013

Top Heavy Years - 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010

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 - 10/01 or 04/01 the plan year on or next following eligibility satisfaction.

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

<u>Average Compensation:</u> Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 10/28/2010

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 Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

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

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

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

Schedule SB, Part V Summary of Plan Provisions

Allan Kaiser, PC Pension Plan 11-2313255 / 005

For the plan year 10/01/2013 through 09/30/2014

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.40
Segment 2	6 - 20	4.66
Segment 3	> 20	5.62

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

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

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

2013

OMB No. 1210-0110

This Form is Open to Public Internal Revenue Code (the Code). Inspection

▶ File as an attachment to Form 5500 or 5	5500-SF.						
For calendar plan year 2013 or fiscal plan year beginning 10/01/2013	and ending	09/30/2014					
▶ Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable ca	use is established.		T				
A Name of plan	B Three-digit						
Allan Kaiser, PC Pension Plan	plan number	(PN) ▶	005				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Ident	ification Number	(EIN)				
·	, ,	2313255	,				
Allan Kaiser, PC	112						
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size:	K 100 or fewer ☐ 1	01-500 Mo	re than 500				
Part I Basic Information							
- 01							
1 Enter the valuation date: Month 10 Day 01 Year 2013 2 Assets:							
a Market value		2a	1,658				
b Actuarial value		2b	1,658				
	umber of participant	s (2)) Funding Target				
a For retired participants and beneficiaries receiving payment 3a		0 \	0				
b For terminated vested participants		1	751				
C For active participants:							
(1) Non-vested benefits			C				
(2) Vested benefits							
(3) Total active		0	0				
d Total 3d		1	75				
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 transition rule for plans that	have been in	4b					
at-risk status for fewer than five consecutive years and disregarding loading factor .							
5 Effective interest rate		5	7.16 %				
6 Target normal cost		6	0				
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments.	nte if any is complete and	accurate Fach presrit	bed assumption was applied in				
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the exp	perience of the plan and rea	asonable expectations) and such other assumptions, in				
combination, offer my best estimate of anticipated experience under the plan.							
SIGN WORKON BERNEL		02/11/2	015				
Signature of actuary Nachman, Yaakov, Zijskind, Esg. 14-05856							
Naciment Tutkov Brokens / 254.							
Type or print name of actuary Economic Group Pension Services	(212) 494-9063						
Firm name Telephone number (including area code)							
US New York NY 10001	<u>-</u>						
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	leting this schedule,	check the box a	nd see				

Page	2
------	---

0-1-1-1-	~~	/	FFOO	0040
Schedule	28	(Form	5500,	2013

Pai	rt II Be	ginning of Year	Carryov	er and Prefunding Bala	ances							
		(a) Carryover balance					(b) Prefunding balance					
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								0			
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0	
9	Amount remaining (line 7 minus line 8)							767			0	
10				turn of1.00%				8			0	
11				d to prefunding balance:								
	•									61,160		
	b Interest o	Present value of excess contributions (line 38a from prior year) Interest on (a) using prior year's effective interest rate of 7,52% except as otherwise provided (see instructions)							4,599			
		•		n year to add to prefunding b							65,759	
				alance							0	
12				s or deemed elections		**************************************	· · · · · · · · · · · · · · · · · · ·	0			0	
				+ line 10 + line 11d - line 12).				775			0	
Pa	rt III F	unding Percenta	anes									
14										14	117.57 %	
		······································		-						15	189.48 %	
16								uce	16	246.55 %		
17				is less than 70 percent of the						17	%	
	a a market a market a	ontributions an										
		15/8/8		/ear by employer(s) and empl	ovees:							
	(a) Date M-DD-YYYY)	(b) Amount pa	aid by	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employe		/		unt paid by oyees	
										····		
					Totals	► 18(b)			18(c)			
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												
	b Contributions made to avoid restrictions adjusted to valuation date											
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0											
20	20 Quarterly contributions and liquidity shortfalls:											
a Did the plan have a "funding shortfall" for the prior year?												
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 instruc	tions and o	complete the following table as	s applicat	ole:						
				Liquidity shortfall as of end	of quarte							
	(1)) 1st		(2) 2nd		(3)	3rd			(4) 4	h	
					<u> </u>							

Ps	Part V Assumptions Used To Determine Funding Target and Target Normal Cost							
21	Discount rate:	Jiis Osea To Determine	Tunung raigerana raig	ot Holling Goot				
21	a Segment rates:	1st segment: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %		☐ N/A, full yield curve used		
	b Applicable month	(enter code)			21b.	0		
22					22	71		
23	Mortality table(s) (se			scribed - separate	Substitut	e		
Pa	rt VI Miscellane	eous items						
		made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required		
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment	Yes X No		
26	Is the plan required t	to provide a Schedule of Active	e Participants? If "Yes," see instruc	tions regarding required	attachmer	t Yes 🗵 No		
27	•	-	nter applicable code and see instru	1	27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contributions	s For Prior Years				
28			years		28	0		
29			d unpaid minimum required contrib		29	0		
30			ntributions (line 28 minus line 29)		30	0		
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31	Target normal cost a	and excess assets (see instruc	tions):					
	a Target normal cos	t (line 6)			31a	0		
	b Excess assets, if a	applicable, but not greater thar	n line 31a		31b	0		
32	Amortization installm	nents:		Outstanding Bala	ance	Installment		
	a Net shortfall amort	tization installment			0	0		
	b Waiver amortization	on installment			0	0		
33	If a waiver has been (Month		nter the date of the ruling letter gra) and the waived amount.		33	0		
34	Total funding require	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0		
			Carryover balance	Prefunding Bala	ince	Total balance		
35	Balances elected for	r use to offset funding						
			0		0	0		
36	· · · · · · · · · · · · · · · · · · ·)		36	0		
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)							
38 Present value of excess contributions for current year (see instructions)								
a Total (excess, if any, of line 37 over line 36)								
,	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b (
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							
40 Unpaid minimum required contributions for all years								
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41 If an election was made to use PRA 2010 funding relief for this plan:								
a Schedule elected								
	b Eligible plan year(s) for which the election in line	41a was made		. 🗌 200	08 2009 2010 2011		
					42			
43	Excess installment a	cceleration amount to be carrie	ed over to future plan years		43			