### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	<b>Identification Information</b>								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016		and ending 12	2/31/20	16			
A This ret	urn/report is for:	a single-employer plan a one-participant plan	lis		oyer plan (not multiemployer) (Filers checking this box must attach a ting employer information in accordance with the form instructions.)					
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	H	final return/report hort plan year return	/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558 special extension (enter descr	ш	tomatic extension		DF	VC program			
Part II	Basic Plan Info	ormation—enter all requested inf	ormatio	n						
<b>1a</b> Name KANTU PEN	of plan ISION TRUST	·					Three-digit plan number (PN) ▶	001		
						1c	Effective date of			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O				2b Employer Identification Number (EIN) 11-3515454				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NY CENTER FOR EAR, NOSE, THROAT, SINUS & ALLERGY, LLC						<b>2c</b> Sponsor's telephone number 718-646-3776				
2204 VOORHIES AVE BROOKLYN, NY 11235-2820  2204 VOORHIES AVE BROOKLYN, NY 11235-2820						2d 1	Business code ( 6211	see instructions)		
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.			3b /	Administrator's E	EIN		
						3c /	Administrator's t	elephone number		
		e plan sponsor has changed since mber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN			
<b>a</b> Spons	•					4c	PN			
<b>5a</b> Total r	number of participants	at the beginning of the plan year				5a	l	22		
<b>b</b> Total r	number of participants	at the end of the plan year				5b	)	2:		
	er of participants with ete this item)	account balances as of the end of t	the plar	year (only defined	contribution plans	50				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	an year			5d(	-	1		
		articipants at the end of the plan yea				5d(	2)	2		
than	100% vested	terminated employment during the				5e				
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return ther penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	ctions, I	declare that I have	examined this return/re	port, in	cluding, if applic			
SIGN	Filed with authorized	/valid electronic signature.		09/21/2017	KANHAIAYALAL KAN	TU, ME	)			
HERE	Signature of plan a	administrator		Date	Enter name of individ	ual sigr	ning as plan adn	ninistrator		

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not det	ermined	
Pa	rt III Financial Information		<u> </u>						<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
а	Total plan assets	7a		185049			3859122			2	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	3	185049	l				385912	2	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal		
а	Contributions received or receivable from:			459390							
	(1) Employers	8a(1)		0							
-	(2) Participants	8a(2)		0	_						
	(3) Others (including rollovers)	8a(3)		214683							
	Other income (loss)	8b			-				67407	3	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							07 407		
	to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)		0								
g	Other expenses		0								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				674073				3	
j	j Transfers to (from) the plan (see instructions)										
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					800000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
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	he require	d notice or one of the	10i							

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?			Y	′es X No		
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [	] "Prior ye test	ear" ADP
			-   □ □ □	Curre ADP t	ent year est	"	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and ending	g 12/	31/2016	
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable cau	se is established	4		
	Name of plan KANTU PENSION TRUST	reasonable cau	B Three-diq	git	i) <b>•</b>	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NY CENTER FOR EAR, NOSE, THROAT, SINUS & ALLERGY, LLC		<b>D</b> Employer		ation Number (E 15454	EIN)
Е	Type of plan: X Single Multiple-A Multiple-B F Prior y	vear plan size:	100 or fewer	101-	-500 More th	an 500
F	Part I Basic Information	_	<b>=</b>		<u>—</u>	
1	Enter the valuation date: Month 12 Day 31 Yes	ear <u>2016</u>				
2	Assets:					
	a Market value			2a		3399732
	<b>b</b> Actuarial value			2b		3399732
3	Funding target/participant count breakdown	\ /	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0		0	0
	<b>b</b> For terminated vested participants		5		6005	6005
	C For active participants		25		3099117	3099117
	<b>d</b> Total		30		3105122	3105122
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	<del>-</del>	 	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			5		5.92 %
6	Target normal cost			6		409125
Sta	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stater accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				09/17/201	7
	Signature of actuary				Date	
	DANIEL E. PERRINE, FSA				17-02799	)
	Type or print name of actuary			Most	recent enrollmer	nt number
(	C/O NOVA ACTUARIAL SERVICES, INC.				973-821-57	75
	Firm name 701 FORD ROAD ROCKAWAY, NJ 07866		Te	lephone	e number (includ	ing area code)
	Address of the firm		<del>_</del>			
	ne actuary has not fully reflected any regulation or ruling promulgated under the sta	tute in complet	ing this schedule	e, check	the box and see	·

Page <b>2 -</b>
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P	art II	Begin	ning of Year	Carryov	ver and Prefunding	a Ba	lances							
	<u></u>		9 01 104	<u> </u>	or and resident,	<u> </u>			(a) C	arryover balan	ce	(b)	Prefundi	ng balance
7		U			able adjustments (line 1		•				0			4920
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											0		
9												4920		
10											-156			
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Preser	nt value o	f excess contribut	tions (line 3	38a from prior year)									302461
	<b>b(1)</b> Inte	erest on t hedule SI	the excess, if any, B, using prior year	of line 38a s's effective	a over line 38b from price interest rate of6	or yea 5.12 %	ır %							0
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior ye	ar's a	ıctual							
					ar to add to prefunding ba									0
	_						i							302461
	<b>a</b> Portion	n of (c) to	be added to pref	unding bala	ance									0
12	Other red	ductions i	n balances due to	elections	or deemed elections						0			0
13	Balance	at beginn	ning of current year	ır (line 9 +	line 10 + line 11d – line	12)					0			4764
P	Part III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge									. 14	109.32%
15	Adjusted	I funding t	target attainment	percentage	ə								15	109.32%
	year's fu	nding req	uirement		of determining whether of		·······						16	110.35%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of	the f	unding targ	jet, e	enter suc	ch percentage.			17	%
	art IV				lity Shortfalls									
18					ar by employer(s) and e									
(1)	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	′	<b>(a)</b> I (MM-DE			(b) Amoun employ		′   '	•	nt paid by oyees
	08/08/2017	,	- 1 - 2	59390	- 1 - 2	0				- 1 - 7	- (-)			- <b>,</b>
C	08/29/2017	7		200000		0								
C	09/06/2017	7		100000		0								
C	9/12/2017	7		100000		0								
													<b>.</b>	
							Totals ►		18(b)		4593	90 18(c)		0
19		•	•		ructions for small plan w					•		1		
	_				mum required contribution						19a			0
				•	usted to valuation date.						19b			0
					ired contribution for curre	nt yea	ar adjusted t	to va	lluation d	ate	. 19c			442128
20			itions and liquidity											Vac V Na
			_		ne prior year?									Yes X No
			•		installments for the curr	•		n a t	imely m	anner?				Yes   No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table Liquidity shortfall as o			Of th	nis nlan	vear				
		(1) 1s	t		(2) 2nd	) CIIC	- or quarter	UI II	<u> </u>	3rd			(4) 4th	<u> </u>
		. ,							. ,				-	

P	art V Assump	tions Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.60 %		N/A, full yield curve used
	<b>b</b> Applicable month (	1				
22	Weighted average ret	irement age			22	67
23	Mortality table(s) (see	e instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	te
Da	art VI Miscellan	eous Items	<u>U</u>		<u>.</u>	
				0.15%/ " '		
	•	•	arial assumptions for the current p	•		· · ·
25	Has a method change	e been made for the current plan	year? If "Yes," see instructions r	egarding required attach	ment	Yes X No
26	Is the plan required to	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ttachment	tYes X No
27		_	applicable code and see instructi		27	
Pa	art VII Reconci	liation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior ye	ars		28	0
29			npaid minimum required contribu	' '	29	0
30	Remaining amount of	unpaid minimum required contr	ibutions (line 28 minus line 29)		30	0
Pa	art VIII Minimun	n Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instructio	ns):			
	a Target normal cost	(line 6)			31a	409125
	<b>b</b> Excess assets, if ap	oplicable, but not greater than lin	e 31a		31b	289564
32	Amortization installment	ents:		Outstanding Balar	nce	Installment
	a Net shortfall amortiz	zation installment			0	0
	<b>b</b> Waiver amortization	n installment			0	0
33			r the date of the ruling letter grant) and the waived amount		33	
34	Total funding requirer	ment before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	119561
			Carryover balance	Prefunding balan	ce	Total balance
35	Balances elected for	use to offset funding				
						0
36	Additional cash require	rement (line 34 minus line 35)			36	119561
37		-	tribution for current year adjusted	,	37	442128
38	Present value of exce	ess contributions for current year	(see instructions)			
	a Total (excess, if any	y, of line 37 over line 36)			38a	322567
	<b>b</b> Portion included in	line 38a attributable to use of pro	efunding and funding standard ca	ryover balances	38b	0
39	Unpaid minimum requ	uired contribution for current yea	r (excess, if any, of line 36 over line	ne 37)	39	0
40	Unpaid minimum requ	uired contributions for all years			40	0
Pai	rt IX Pension	Funding Relief Under F	ension Relief Act of 2010	(See Instructions	)	
41	If an election was made	de to use PRA 2010 funding relie	ef for this plan:			
	a Schedule elected					2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s	) for which the election in line 41	a was made		20	08 2009 2010 2011
42	Amount of acceleratio	n adjustment			42	_ <b></b>
		-	over to future plan years		43	

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01.		and ending	12/31/	2016
Round off amounts to nearest dollar.	72010	and chang	12/01/	2020
Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established	i.	
A Name of plan		B Three-digit		
Kantu Pension Trust	plan numb	▶ 002		
	ì		i aca	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification N	umber (EIN)
NY Center for Ear, Nose, Throat, Sinus & Allergy			-3515454	200 - 120 - 120 - 130 - 120 - 120 - 130 - 120 - 130 - 120 -
0.00		J	7.2.500	
E Type of plan: Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	101-500 L	More than 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31	Year2016			
2 Assets:		,	181	
a Market value			2a	3,399,732
b Actuarial value	•••••		2b	3,399,732
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ	20 D. St. ann. 1 ann. 1 ann. 1	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0			0 0
b For terminated vested participants	5		6,00	5 6,005
	25		3,099,11	7 3,099,117
C For active participants d Total	30		3,105,12	
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)		684	
a Funding target disregarding prescribed at-risk assumptions		1	4a	
b Funding target reflecting at-risk assumptions, but disregarding transi at-risk status for fewer than five consecutive years and disregarding	tion rule for plans that	have been in	4b	
5 Effective interest rate			5	5.92 %
6 Target normal cost			6	409,125
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.  SIGN				
HERE			09/	17/2017
Signature of actuary				Date
DANIEL E. PERRINE, FSA			17-	02799
Type or print name of actuary			Most recent	t enrollment number
C/O NOVA ACTUARIAL SERVICES, INC.			(973)	821-5775
Firm name 701 FORD ROAD #11		Tel	ephone num	ber (including area code)
US ROCKAWAY NJ 07866				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated und instructions	er the statute in comp	leting this schedu	le, check the	box and see

2016	Page 2

Schedule	SB	/Form	5500)	2016
Schedule	30	LEOUGH	וטטככ	2010

Pa	rt II Beg	inning of Year	Carryov	er and Prefunding Bal	ances						
		•	-	<del>-</del>		(a) (	Carryover balance		(b)	Prefundi	ng balance
7				icable adjustments (line 13 fro				0			4,920
8 Portion elected for use to offset prior prior year)								0			0
9 Amount remaining (line 7 minus line 8)								0			4,920
10				turn of3_18%				0			(156)
11				d to prefunding balance:	•						
	a Present va	alue of excess contri	butions (lin	e 38a from prior year)	•••••					_	302,461
			-	8a over line 38b from prior year	ear 2 %						0
		t on line 38b from pr	-	hedule SB, using prior year's	actual						
					oloneo						302,461
			•	In year to add to prefunding beatance		_	<del></del>				302,461
12		• • • • • • • • • • • • • • • • • • • •		is or deemed elections				0			
				+ line 10 + line 11d - line 12)		-		- 0			4,764
		unding Percent	-	· into to · into the · into the							
			=							14	109.32 %
										15	109.32 %
	Prior year's fu	unding percentage fo	or purposes	s of determining whether carry	yover/pref	unding bala	inces may be used t	o redu	ice	16	110.35 %
17				is less than 70 percent of the						17	%
		ontributions an		<u> </u>							
			•	year by employer(s) and emp	lovees:						
	(a) Date M-DD-YYYY)	(b) Amount p employer(	aid by	(c) Amount paid by employees	(a	) Date D-YYYY)	(b) Amount p employer		'		ount paid by loyees
08,	/08/2017		59,390			<del></del>					
08,	/29/2017	2	00,000								
09	/06/2017	1	.00,000								-
09	/12/2017	1	.00,000		Ţ						<u>-</u>
-					+						
					Totals	► 18(b)		159,3	390 18(c	)	0
19	Discounted e	mployer contribution	ns – see in:	structions for small plan with	a valuation	date after					
	a Contribution	ons allocated toward	unpaid mir	nimum required contributions	from prior	years	📑	19a			0
	<b>b</b> Contribution	ons made to avoid re	strictions a	adjusted to valuation date	•••••	•••••		19b			0
	C Contributio	ons allocated toward	minimum (	required contribution for curre	ent year ac	justed to va	aluation date	19c			442,128
20	Quarterly cor	tributions and liquid	ity shortfall	<b>s</b> :							
	a Did the pla	n have a "funding sl	hortfall" for	the prior year?	•••••					[	Yes 🕱 No
	b If line 20a	is "Yes," were requi	red quarter	ly installments for the current	year mad	e in a timel	y manner?		·····	<u></u> - [	Yes No
	C If line 20a	is "Yes," see instruc	tions and c	complete the following table a	s applicat	le:					
	- 100	104	1	Liquidity shortfall as of end	of quarte					(4) **	
	(1)	1st		(2) 2nd	-	(3)	3rd			(4) 41	
			L		<u></u>			1			

Pä	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost				
21	Discount rate:		<del></del>		-	-		
	a Segment rates:	1st segment: 4 . 43 %	2nd segment: 5.91 %	3rd segment: 6 . 65 %	5	N/A, full yield curve used		
	<b>b</b> Applicable month	(enter code)			21b	1		
22				_	22	67		
	23 Mortality table(s) (see instructions)    Prescribed - combined Prescribed - separate Substitute							
Pa	Part VI Miscellaneous items							
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required							
			· · · · · · · · · · · · · · · · · · ·					
		•	lan year? If "Yes," see instructions					
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachme	nt Yes 🛣 No		
27			nter applicable code and see instru	• •	27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years				
28	_		years		28	0		
29	Discounted employe	r contributions allocated towar	d unpaid minimum required contrib	outions from prior years	29	0		
30			ontributions (line 28 minus line 29)		30	0		
		Required Contribution						
31	Target normal cost a	ind excess assets (see instruc	tions):					
	a Target normal cos	t (line 6)			31a	409,125		
	-		ı line 31a		31b	289,564		
32	Amortization installm	nents:		Outstanding Bala	ance	Installment		
	a Net shortfall amort	ization installment	· · · · · · · · · · · · · · · · · · ·		0	0		
b Waiver amortization installment								
	<b>b</b> Waiver amortization	on installment			0	0		
33	If a waiver has been	approved for this plan year, e	nter the date of the ruling letter gra	-	33	0		
	If a waiver has been (Month	approved for this plan year, e Day Year	nter the date of the ruling letter gra ) and the waived amount.		33	0		
	If a waiver has been (Month	approved for this plan year, e Day Year	nter the date of the ruling letter gra) and the waived amount . r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	33 34	0 119,561		
34	If a waiver has been (Month  Total funding require	approved for this plan year, e Day Year ment before reflecting carryove	nter the date of the ruling letter gra ) and the waived amount.		33 34	0		
34	If a waiver has been (Month	approved for this plan year, e Day Year ment before reflecting carryove use to offset funding	nter the date of the ruling letter gra) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance	1b + 32a + 32b - 33)	33 34	0 119,561		
34	If a waiver has been (Month  Total funding required Balances elected for requirement	approved for this plan year, e Day Year ment before reflecting carryove use to offset funding	nter the date of the ruling letter gra) and the waived amount . r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33) Prefunding Bala	33 34 ance	0		
34 35 36	If a waiver has been (Month	approved for this plan year, end Day Year Year The ment before reflecting carryove use to offset funding tirement (line 34 minus line 35 and toward minimum required of the details of the section of the	nter the date of the ruling letter gra	1b + 32a + 32b - 33) Prefunding Bala ed to valuation date	33 34 ance	0 119,561 Total balance		
34 35 36 37	If a waiver has been (Month	approved for this plan year, en Day Year Year ment before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of the plan year, en Day Year Year Year Year Year Year Year Year	nter the date of the ruling letter gra) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance  0	1b + 32a + 32b - 33) Prefunding Bala ed to valuation date	33 34 ance 0 36	0 119,561 Total balance 0 119,561		
34 35 36 37	If a waiver has been (Month	approved for this plan year, e Day Year ment before reflecting carryove use to offset funding irement (line 34 minus line 35 ded toward minimum required of the session of	nter the date of the ruling letter gra) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance  0	Prefunding Bala Prefunding Bala d to valuation date	33 34 ance 0 36	0 119,561 Total balance 0 119,561		
34 35 36 37	If a waiver has been (Month	approved for this plan year, end Day Year Year Year whent before reflecting carryove use to offset funding sirement (line 34 minus line 35) and toward minimum required toward	nter the date of the ruling letter gra) and the waived amount .  r/prefunding balances (lines 31a - 3 Carryover balance  0 0	Prefunding Bala	33 34 ance 0 36 37	0 119,561 Total balance 0 119,561 442,128		
34 35 36 37	If a waiver has been (Month	approved for this plan year, en Day Year Year Ment before reflecting carryove use to offset funding direment (line 34 minus line 35 and toward minimum required of the session contributions for current year, of line 37 over line 36) .	nter the date of the ruling letter gra) and the waived amount .  r/prefunding balances (lines 31a - 3 Carryover balance  0  contribution for current year adjusted the contributions)	Prefunding Balanda to valuation date	33 34 ance 0 36 37	0 119,561 Total balance 0 119,561 442,128		
34 35 36 37 38	If a waiver has been (Month	approved for this plan year, en Day Year Year Ment before reflecting carryove use to offset funding direment (line 34 minus line 35 and toward minimum required of the session contributions for current year, of line 37 over line 36) .	nter the date of the ruling letter gra	Prefunding Baland to valuation date  carryover balances line 37)	33 34 ance 0 36 37 38a 38b	0 119,561 Total balance  0 119,561 442,128  322,567		
34 35 36 37 38 39 40	If a waiver has been (Month	approved for this plan year, en Day Year Year Year ment before reflecting carryove use to offset funding virement (line 34 minus line 35 led toward minimum required contributions for current year, of line 37 over line 36) . Iline 38a attributable to use of quired contributions for current yeared contributions for all year	nter the date of the ruling letter gra	Prefunding Baland to valuation date  carryover balances	33 34 ance 0 36 37 38a 38b 39 40	0 119,561 Total balance  0 119,561 442,128  322,567 0		
34 35 36 37 38 39 40 Pa	If a waiver has been (Month	approved for this plan year, en Day Year Year Year ment before reflecting carryove use to offset funding virement (line 34 minus line 35 led toward minimum required contributions for current year, of line 37 over line 36) . Iline 38a attributable to use of quired contributions for current yeared contributions for all year	nter the date of the ruling letter gra ) and the waived amount .  r/prefunding balances (lines 31a - 3  Carryover balance	Prefunding Baland to valuation date  carryover balances	33 34 ance 0 36 37 38a 38b 39 40	0 119,561 Total balance  0 119,561 442,128  322,567 0		
34 35 36 37 38 39 40 Pa	If a waiver has been (Month	approved for this plan year, enday Year Year Year Year ment before reflecting carryove use to offset funding direment (line 34 minus line 35 and toward minimum required contributions for current years contributions for current years and contributions for all year Funding Relief Under de to use PRA 2010 funding relief uses the payment of the current years and the contributions for all years and the contributions for all years and the current years and the contributions for all years and the current years are the current years and the current years and the current years are the current yea	nter the date of the ruling letter gra ) and the waived amount .  r/prefunding balances (lines 31a - 3  Carryover balance	Prefunding Balander Starryover balances line 37)	33 34 ance 0 36 37 38a 38b 39 40	0 119,561 Total balance  0 119,561 442,128  322,567 0		
34 35 36 37 38 39 40 Pa	If a waiver has been (Month	approved for this plan year, en Day Year Year Ment before reflecting carryove use to offset funding determinent (line 34 minus line 35 and toward minimum required contributions for current years contributions for current years contribution for current years contributions for all years Funding Relief Under determinents of the set	nter the date of the ruling letter gra	Prefunding Balander Salander S	33 34 ance 0 36 37 38a 38b 39 40 )	0 119,561 Total balance  0 119,561 442,128  322,567 0 0		
34 35 36 37 38 39 40 Par	If a waiver has been (Month	approved for this plan year, enday Year Year Year Year ment before reflecting carryover use to offset funding sirement (line 34 minus line 35 and toward minimum required contributions for current years, of line 37 over line 36) . It is a salaributable to use of quired contributions for all years Funding Relief Under ide to use PRA 2010 funding responses for which the election in line payments and the salaributable to use of quired contributions for all years.	nter the date of the ruling letter gra ) and the waived amount .  r/prefunding balances (lines 31a - 3  Carryover balance	Prefunding Balander balances line 37)  (See Instructions	33 34 ance 0 36 37 38a 38b 39 40	0 119,561 Total balance  0 119,561 442,128  322,567 0 0 0 12 plus 7 years		

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

#### KANTU PENSION TRUST

11-3515454 / 001

For the plan year 01/01/2016 through 12/31/2016

NY Center for Ear, Nose, Throat, Sinus & Allergy Employer:

> Type of Entity -Limited Liability Company (LLC)

> > EIN: 11-3515454

Plan #: 001 Plan Type: Cash Balance

Dates:

Effective - 01/01/2010 Year end - 12/31/2016

Valuation - 12/31/2016

Eligibility:

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

Minimum age - N/A Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

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

Retirement:

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

Early - Not provided

Average Compensation:

Current compensation

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

Plan Benefits:

Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits -Classification

Pay Credit Formula 100% of compensation

В 38% of compensation C 38% of compensation \$360

D

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

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

b) plan actuarial equivalence interest and mortality

Death Benefit -Present Value of Accrued Benefit

Top Heavy Minimum:

None

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

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

Vesting Schedule:

100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date and age 18

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest -

5%

Mortality Table -

Post-Retirement - Interest -

None 5.5%

Mortality Table -

16E - 2016 Applicable Mortality Table for 417(e) (unisex)

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

#### KANTU PENSION TRUST

11-3515454 / 001

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

Funding Method: As prescribed in IRC Section 430

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the

Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5%

Segment 3

interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.53
Segment 2	6 - 20	3.76
Segment 3	> 20	4.74

> 20

6.65

Pre-Retirement - Mortality Table - None

Turnover/Disability - None Salary Scale - None

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Expense Load - None Ancillary Ben Load - None

Post-Retirement - Mortality Table - 16C - 2016 Combined - IRC 430(h)(3)(A)

Cost of Living - None

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

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

### KANTU PENSION TRUST

11-3515454 / 001 For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero 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.

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information						
For calenda	r plan year 2016 or fi	scal plan year beginning 01/01/20	)16	and ending 1	2/31/2016			
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instruction a foreign plan								
		a one-participant plan	a foreign plan					
B This retu	rn/report is	the first return/report an amended return/report	the final return/report					
		n/report (less than 12 m	nontns)					
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC progra	m		
Part II	Rasic Plan Info	special extension (enter descri	Total Action Control of the Control					
1a Name		ormation—enter an requested into	omation		1b Three-digi	t		
KANTU PEN					plan numb (PN) ▶	per 001		
					1c Effective d	late of plan 01/01/2010		
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Payl		The state of the s	Identification Number		
City or	town, state or province	ce, country, and ZIP or foreign posta		uctions)	(EIN)	telephone number		
NY CENTER	FOR EAR, NOSE, TI	HROAT, SINUS & ALLERGY, LLC			71	8-646-3776		
2204 VOORH	IES AVE	2204 VOO	RHIES AVE		2d Business of	code (see instructions)		
	NY 11235-2820		N, NY 11235-2820			621111		
3a Plan ad	lministrator's name a	nd address X Same as Plan Spon	sor.		3b Administrator's EIN			
					3C Administra	itor's telephone number		
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN			
a Sponso	r's name				4c PN			
5a Total n	umber of participants	at the beginning of the plan year			5a	22		
		at the end of the plan year			5b	25		
	ata this itam)	account balances as of the end of the		contribution plans	5c	-		
d(1) Tota	I number of active pa	articipants at the beginning of the pla	n year		5d(1)	18		
		articipants at the end of the plan yea			5d(2)	25		
than 1	00% vested	terminated employment during the			5e	0		
		or incomplete filing of this return ther penalties set forth in the instruct						
SB or Sche		nd signed by an enrolled actuary, as						
SIGN HERE	large	The	9-21-17	KANHAIAY	ALAL KI	ANTU		
HERE	Signature of plan a	administrator	Date	Enter name of individ		in administrator		
SIGN HERE	laufe	le f	9-21-17	KANHAIAY	ALAC K	ANTU		
WASHINGTON	Signature of emplo		Date			ployer or plan sponsor		
r reparers r	iarrie (iriciuding firm r	name, if applicable) and address (inc	aude room or suite numbe	1 )	Preparer's telep	mone number		
r Tepater's r	iaine (iliciuuing iirm f	iame, ii applicable) and address (inc	Jude room of Suite numbe	1 )	Preparer's telep	mone number		

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccount	ant (IC	PA) Form	5500.			es No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	× No	∐ Not de	etermined
	t III   Financial Information  Plan Assets and Liabilities		(a) Basinning	.f Van-				(b) End	of Voor	
-	Total plan assets	7a	(a) Beginning o	185049				(b) End	of Year 38591	22
	Total plan liabilities	7b		CONTRACT ALL CO	$\neg$				215222512412	
	Net plan assets (subtract line 7b from line 7a)	7c	3185049			3859122				
_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total				
_	Contributions received or receivable from:			and the				(5)	O tui	
	(1) Employers	8a(1)	4	459390	-					
	(2) Participants	8a(2)		0	-					
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		214683	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				6740	73
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions).	8e		0	1					
_	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				0	
-	Net income (loss) (subtract line 8h from line 8c)	8i			674073				73	
	Transfers to (from) the plan (see instructions)	8j		C						
Par	t IV Plan Characteristics	اره								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the inst	ructions:	
	1A 1C 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan	n Chara	acteris	ic Cod	des in t	he instr	uctions:	
	W   0   11   0   11									
Par					I				e • New York (Albert	nge:
10	During the plan year:	itiono withi	a the time period		Yes	No	N/A		Amour	it
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nergram)	/oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		X	DAM)			
С	Was the plan covered by a fidelity bond?			10c	X					800000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X				
е	by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide, any benefit when due under the pla			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		X				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		X			11,24	
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	he require	d notice or one of the	10i						

Page	3-	1
Page	J-	1

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," (Form 5500) and line 11a below)					X Y	es No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (						0	
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				🗆 Y	es X No		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (ente negative amount)	r a minus sign to the left	of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dead	lline?			Yes	No [	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this yes	ar		13a			·	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?					Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify t	he plan(s)	to				
1	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	13c(3) PN(s)	
Part	t VIII Trust Information			1 100000000				
14a	Name of trust			14b <sup>-</sup>	Trust's f	EIN		
14c	Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			☐ No		
401(k)(3) for the plan satisfy the nondiscrimination requirements for employee deferrals under section  401(k)(3) for the plan year? Check all that apply:					gn-based "Prior year" ADP test N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						verage enefit test	□ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections a for the plan year by combining this plan with any other plan under the permissive a		Yes			☐ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive letter / and the serial number	**************************************						
	If the plan is an individually-designed plan that received a favorable determination letter//	letter from the IRS, enter	the date	of the m	nost rec	ent determin	nation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained agreence?		ed from	Ye	s [	No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the	e prior plan year?		Ye	s [	No		