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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	uance witi	n the instructions to the Form 550	U-3F.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011	
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participa	nt plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program	
	special extension (enter description	on)				
Pa	art II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan			1b	Three-digit	
BARE	BARA E. FRANCO, C.P.A., P.C. PENSION PLAN TRUST				plan number	
					(PN) •	003
				1C	Effective date of p	
2a	Plan sponsor's name and address; include room or suite number (e	emplover, if	for a single-employer plan)	2b	Employer Identific	
	BARA E. FRANCO, C.P.A., P.C.		in a surger surpreyer premy		(EIN) 11-3257	
				2c	Sponsor's telepho	ne number
3601	HEMPSTEAD TURNPIKE				516-520-	
LEVI.	TTOWN, NY 11756		2d	Business code (se	e instructions)	
2-		. "0	m.	0 l-	541211	
	Plan administrator's name and address (if same as plan sponsor, et BARA E. FRANCO, C.P.A., P.C. 3601 HEMPS			3D /	Administrator's Ell 11-3257	
	LEVITTOWN			3c /	Administrator's tel	ephone number
					516-520-4	1200
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the					
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligib		,			X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fe		,			
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	f Year
а	Total plan assets	. 7a	927963		(0) = 110 0	951085
b	Total plan liabilities		0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7с	927963			951085
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	tal
а	Contributions received or receivable from:		55000			
	(1) Employers					
	(2) Participants		0	_		
	(3) Others (including rollovers)	. 8a(3)	0			
b	Other income (loss)	. 8b	-21385			22045
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				33615
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0			
е	Certain deemed and/or corrective distributions (see instructions)		0			
f	Administrative service providers (salaries, fees, commissions)		10493			
g	Other expenses	. 8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					10493
i	Net income (loss) (subtract line 8h from line 8c)					23122
j	Transfers to (from) the plan (see instructions)		0			

Form	5500.	-SE	2011	

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Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art		Compliance Questions			1	-				
0		ng the plan year:		Yes	No			Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was	s the plan covered by a fidelity bond?	10c	X						96000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е										
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h							
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11										
12										
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruling granting the waiver										
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b					
		r the minimum required contribution for this plan year		_	120 12c	+				
		r the amount contributed by the employer to the plan for this plan year		-						
u		tive amount)			12d					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol				Yes	× No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)									PN(s)
Jnde	r pen	a penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ adule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	ort, ir	cludi	ng, i	f appli			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/01/2012	BARBARA FRANCO CPA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

This Form is Open to Public Inspection

							▶ Fil	e as an attachm	ent to Form	5500 or	5500-	SF.							
Fo	r caler	ndar p	olan yea	ar 2011	or fisc	al plan ye	ear beginning	01/01/2011				and end	ding	12/31/2	2011				
•	Roun	d off	amou	nts to n	eares	t dollar.													
•	Cauti	ion: A	A penal	ty of \$1,	,000 w	ill be asse	essed for late fi	iling of this repor	t unless reas	onable ca	iuse is	establish	ned.						
	Name RBAR			CO, C.P.	.A., P.	C. PENSI	ON PLAN TRU	JST			В	Three-d plan nur	•	(PN)	•		0	03	
С	Plan s	ponso	or's nar	ne as sl	hown o	on line 2a	of Form 5500	or 5500-SF			D	Employe	r Ider	ntification	Nun	nber (E	EIN)		
BA	RBAR	A E. I	FRANC	CO, C.P.	.A., P.0	C.					11	-3257172							
Ε	Туре о	of plan	: X S	Single	Mu	ıltiple-A	Multiple-B	F	Prior year pla	an size: 🔈	100	or fewer		101-500		More th	nan 500		
Р	art I	В	asic l	Inform	natio	n													
1				ion date			Ionth 12	Day <u>31</u>	Year_	2011									
2	Ass		70.000		· <u>·</u>														
	a		cet valı	I P										2a					896085
	b												_	2b					896085
3						int breakd				(4) N	lumbo	r of portio				(2) [unding	Torgot	
3	_	·	• .	•				g payment	3a	(1) 1	lullibe	r of partic	лрап	0		(2)	unung	raiget	0
	a b													0					0
	C			participa		articiparits			30										
	C								3c(1)										0
		(1)							- (-)	}									988140
		(2)							_ ` '					2					988140
	A	(3)												2					988140
4	d							Lata Paga (a) and			П								900140
4	if th	•					·	lete lines (a) and	, ,		ш		_						
	а		Ū	ŭ	Ū	٠.		sumptions					-	4a					
	b							disregarding trai rs and disregardi						4b					
5	Effe	ective	interes	t rate										5					5.31 %
6	Tar	get no	ormal c	ost										6					0
Sta	To the laccorda	best of a	my knowl th applica	ıble law an	informati nd regula	tions. In my		d accompanying sched assumption is reasona an.											
	SIGN HERI														09	9/27/20	012		
Signature of actuary Date MICHAEL FRANK 11-02440																			
MIC	CHAEL	. FRA	NK, FS	SA	Ту	ype or pri	nt name of actu	uary			_		N	Most rece			ent num 7-1464	oer	
	Firm name Telephone number (including area code) OO ARDEN STREET IEW YORK, NE 10040																		
						Addr	ess of the firm				_								
If th	e actua	arv ha	as not f	ully refle	ected a	anv regula	ation or ruling n	oromulgated under	er the statute	in comple	etina t	his sched	lule.	check the	e box	and s	ee		П
	ruction			, 10110		,				55mpic	9 .	201100	, ,	un	- 201		- •		Ш

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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and prefunding ba	lances							
							(a)	Carryover balance		(b) i	² refundir	ng balance	
7		Ū	0 , ,		cable adjustments (line 13	•			0			39514	
8				-	unding requirement (line 35				0			0	
9									0			39514	
10	Interest	on line 9	using prior year's	s actual ret	urn of12.91%				0			5101	
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							291	
					rate of% exce							19	
	C Tota	al availabl	e at beginning of co	urrent plan	year to add to prefunding bal	ance						310	
	d Port	tion of (c)	to be added to pr	refunding b	palance		•					310	
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0	
13	Balance	e at begir	nning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12	2)			0			44925	
P	art III	Fun	ding percenta	ages									
14	4 Funding target attainment percentage										14	86.13 %	
15	Adjuste	d funding	g target attainmen	t percentaç	ge						15	91.17 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	89.56 %			
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of th	e funding ta	rget, enter s	such percentage			17	%	
Pá	art IV	Con	tributions and	d liquidi	ty shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em								
(M	(a) Dat IM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees		Date (b) Amount paid by employer(s)			(0	(c) Amount paid by employees		
09	/14/2012			55000	0								
						Totals >	- ()		55000	18(c)		0	
19			-		tructions for small plan with								
	_			•	imum required contribution	•	•	<u> </u>	19a			0	
b Contributions made to avoid restrictions adjusted to valuation date								0					
					uired contribution for current	year adjuste	d to valuation	n date	19c			51666	
20		-	outions and liquidit	-					L				
			_		the prior year?							Yes No	
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as a		ar of this pla	an vear					
		(1) 19	st		Liquidity shortfall as of e	end of quart	er or this pia (3)	an year 3rd			(4) 4th		
(1) 100													

Pa	Part V Assumptions used to determine funding target and target normal cost												
21	Disco	unt rate:											
	a Se	egment rates:	1st segment: 2.11%		2nd segment: 5.31%		3rd segment: 6.32 %			N/A, f	ull yield	d curv	re used
	b Ap	oplicable month	(enter code)					211	o				4
22	Weigh	nted average ret	tirement age					22	!				64
23	Morta	lity table(s) (see	e instructions)	Pre	escribed - combined	Pre	scribed - separate	Sub	stitute				
Pa	rt VI	Miscellane	ous items										
24	Has a	change been m	nade in the non-prescrib	ed act	tuarial assumptions for the o	current	plan year? If "Yes," see	instruc	tions r	egarding	equire	d	_
	attach	ment										Yes	X No
25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instr	uctions	regarding required attac	hment.				Yes	No X
26	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment												
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribu	tions	for prior years						
28													
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior y (line 19a)							29)				0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							30)				0
Pa	Part VIII Minimum required contribution for current year												
31	31 Target normal cost and excess assets (see instructions):												
	a Target normal cost (line 6)												
	b Excess assets, if applicable, but not greater than 31a												
32	32 Amortization installments: Outstanding Balance Installment												
	a Ne	t shortfall amort	tization installment					138	875				26797
	b Wa	aiver amortizatio	on installment						0				0
33					ter the date of the ruling lett) and the waived am			33					
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34					26797
					Carryover balance		Prefunding balar	nce		Т	otal ba	lance	!
35	Balan	ces elected for	use to offset funding		·		_						
						0			0				0
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35).				36	i				26797
37					ontribution for current year a	,		37	•				51666
38	Prese	ent value of exce	ess contributions for curr	ent ye	ear (see instructions)								
	a Tot	tal (excess, if an	ny, of line 37 over line 36	6)				388	а				24869
	b Po	rtion included in	line 38a attributable to	use of	prefunding and funding sta	ndard o	carryover balances	381	o				0
39	Unpai	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 3	6 over	line 37)	39)				0
40	Unpai	id minimum requ	uired contributions for al	l years	3			40)				0
Pa	rt IX	Pension 1	funding relief und	er Pe	ension Relief Act of 2	010 (see instructions)						
41	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:												
	a Schedule elected												
	b Elig	ible plan year(s) for which the election i	n line 4	41a was made				2008	2009	201	0	2011
42	Amou	nt of acceleratio	on adjustment					42					
43	3 Excess installment acceleration amount to be carried over to future plan years												

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 12/31/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.	
Interest Rates	Segment 1 2.11%	Segment 1 1.85%	Pre-Retirement 3.65%	
	Segment 2 5.31%	Segment 2 4.62%	Post-Retirement 3.65%	
	Segment 3 6.32%	Segment 3 6.02%		
Pre-Retirement				
Turnover	None	None	None	
Mortality None		None	None	
Assumed Ret Age	Assumed Ret Age Normal retirement age 62 and 5 years of participation Normal retirement age 62 and 5 years of participation			
Post-Retirement				
Mortality	Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs	2011 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F	
Assumed Benefit Form	For Funding	Lump Sum		
Calculated Effective In	terest Rate	5.31%		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Plan Effective Date

January 1, 2000

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

180 percent of compensation

with the benefit reduced proportionately for each year of service less than 25

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Plan maximum benefit is \$5,850 per month

Benefit is based on average salary during the highest 5 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

A fraction of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement.

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Par					
For ca		01/01/20	011 and ending		12/31/2011
A Th	s return/report is for: X a single-employer plan	a multiple-e	mployer plan (not multiemployer)		a one-participant plan
B Th	s return/report is: the first return/report	the final ret	urn/report		
	an amended return/report	a short plan	year return/report (less than 12 mo	nths)	
C Ch	eck box if filing under: X Form 5558	automatic e	Section and the section of the secti	ĺ	DFVC program
0 01	special extension (enter description		Aleneien	l	_ St to program
Parl					
354,100,000	ame of plan	ation		1h	Three-digit
	oara E. Franco, C.P.A., P.C. Pension Pl	an Trus	E		plan number
					(PN) • 003
					Effective date of plan
2a P	an sponsor's name and address; include room or suite number (e	mplover, if fo	or a single-employer plan)	2b	Employer Identification Number
	para E. Franco, C.P.A., P.C.		a dingle employer plany	_ ~	(EIN) 11-3257172
				2c	Sponsor's telephone number
360	HEMPSTEAD TURNPIKE				516-520-4200
				2d	Business code (see instructions)
	TTOWN NY 11756				541211
3a P Barl	an administrator's name and address (if same as plan sponsor, e para E. Franco, C.P.A., P.C.	nter "Same")		3b	Administrator's EIN 11-3257172
	HEMPSTEAD TURNPIKE			3с	Administrator's telephone number 516-520-4200
	the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b	EIN
	ame, EIN, and the plan number from the last return/report.			4c	PN
	otal number of participants at the beginning of the plan year			5a	2
	otal number of participants at the end of the plan year				2
	lumber of participants with account balances as of the end of the			5b	2
	omplete this item)		The state of the s	5c	
6a	Nere all of the plan's assets during the plan year invested in eligib	ole assets? (See instructions.)		X Yes No
	are you claiming a waiver of the annual examination and report of	23.53			₩ v □ N.
	Inder 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
Parl	f you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information	orm 5500-S	F and must instead use Form 550	00.	
	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year
	otal plan assets	. 7a	92796	3	951085
1.000	otal plan liabilities		52.75	0	0
	let plan assets (subtract line 7b from line 7a)		92796		951085
	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
	Contributions received or receivable from:		(a) Amount	+	(b) Total
	1) Employers	8a(1)	5500	0	
	2) Participants	8a(2)		0	
	3) Others (including rollovers)			o	
	Other income (loss)	V12004	-2138	15	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)				33615
d I	Benefits paid (including direct rollovers and insurance premiums o provide benefits).			0	
	Certain deemed and/or corrective distributions (see instructions)			0	
	Administrative service providers (salaries, fees, commissions)		1049	3	
	Other expenses			0	
-	Fotal expenses (add lines 8d, 8e, 8f, and 8g)				10493
	Net income (loss) (subtract line 8h from line 8c)				23122
8 '	Fransfers to (from) the plan (see instructions)			0	

112					
Fou	\$79.70	3.5.	300		٦

F3	3	
241315	2 "	

Par	IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	ractens	stic Codes r	the instructions
	If the plan provides we fare benefits, enter the applicable welfare feature codes from the List of Plan Chara-			
Part	V Compliance Questions		***************************************	
10	During the plan year		Yes No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510 3 1022 (see instructions and DOI 's Voluntary Fiduciary Correction Program).		×	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		
C	Vias the pian covered by a fidelity bond?	10c		9011
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by flaud or dishonesty $^{\circ}$	10d		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance came, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		
t	Has the plan failed to provide any benefit when documen the plan?	101		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end)	10g		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 GFR 2520 (01-3)	10h		
Í	If 10n was answered. Yes, check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520 101.3.	101		
Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500n	npiete	Schedule S	B Form
	(If "Yes" complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	nth	, and enter t	
b	Enter the minimum required contribution for this plan year		12b	
C	Enter the amount contributed by the employer to the plan for this plan year		12c	
ci	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	1013	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ves No NA
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes E No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anomer plan or brough of the PBSCP	t under	rithe control	ices 🔁 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plants: identify which assets or liabilities were transferred. (See instructions.)	the pla		
	13c(1) Name at planska		13c(2)	13c(3) PN 5
Uni SB	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasons or penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this respectively and completed and signed by an enrolled actuary, as well as the electronic version of his returned and complete.	eturn/ri m/repa	eport, includ ort, and to the	ing, il applicable, a Schedule
	X 12 1 8 19/12 19/11 Bu bara F	i ati.	×	
SI6		fundivi	dual signing	as per-administrator
	RE Signature of employer/plan sponsor Date Enternance of	il indiv	duai signini,	as employer of plan sponsor
	organizate or employed plant sporter			

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

2011

This Form is Open to Public Inspection

	File as an attachment	nt to Form 5	500 or 5	300-SF.			
For cale	endar plan year 2011 or fiscal plan year beginning 01/01/2	2011		and ending		12/31/	2011
Rou	nd off amounts to nearest dollar.						
▶ Cau	tion: A penalty of \$1,000 will be assessed for late filing of this report u	nless reasor	nable cau	se is established	10		
	e of plan			B Three-digit			
Bar	bara E. Franco, C.P.A., P.C. Pension Plan	Trust		plan numbe	er (PN)	•	003
C Plan	sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Ide	ontificatio	n Number	/EINI)
O I lall	sponsor's fiame as shown on line 2a or Form 3300 or 3300-5F			Linployer lae	Situncatio	ii idaiibei	(LIIV)
Bar	bara E. Franco, C.P.A., P.C.			11-3257172			
E Type	of plan: X Single Multiple-A Multiple-B	Prior vear plan	size 🕅	100 or fewer	101-500	☐ More	than 500
		nor year plan	10120. [1]	100 di lewei	101 000		Than 555
Part I							
_	nter the valuation date: Month 12 Day 31	Year	2011				
2 As	ssets:			1			
a	Market value				2a		896085
b	Actuarial value		•••••		2b		896085
3 Fu	inding target/participant count breakdown:		(1) Nu	ımber of participa	nts	(2) Funding Target
а	For retired participants and beneficiaries receiving payment	3a			0		0
b	For terminated vested participants	3b			0		C
С	For active participants:						
	(1) Non-vested benefits	3c(1)					C
	(2) Vested benefits	3c(2)					988140
	(3) Total active	3c(3)			2		988140
d	Total	3d			2		988140
4 If t	the plan is in at-risk status, check the box and complete lines (a) and (b)		1			
а	Funding target disregarding prescribed at-risk assumptions				4a		
b	Funding target reflecting at-risk assumptions, but disregarding trans			100			
D	at-risk status for fewer than five consecutive years and disregarding		7		4b		
5 Ef	fective interest rate				5		5.31%
6 Ta	arget normal cost				6		(
Statem	ent by Enrolled Actuary						
To the	e best of my knowledge, the information supplied in this schedule and accompanying schedul rdance with applicable law and regulations. In my opinion, each other assumption is reasonab	es, statements a	and attachme	ents, if any, is complete	and accura	te. Each pres	cribed assumption was applied in
comb	produce with applicable law and regulations. In my opinion, each other assumption is reasonable in the plant of anticipated experience under the plant.	ie (taking into ac	count the ex	perience of the planta	ia reasonas	Сохронино	io) and cash exict accomplisher, in
SIG	iN i					- 2	
HER	(h l l					09/27/	2012
	Signature of actuary					Date	
Micha	el Frank					1102	440
	Type or print name of actuary			•	Most re	cent enrol	lment number
Micha	el Frank, FSA				2	12-567	7-1464
	Firm name			Tel	ephone n	umber (in	cluding area code)
100 -							ann ann ann an 1860. 🚾 Calaidh a rainn an 1960 a Calaidh Bhaill Air an 1860 a Calaidh Bh
TOO A	rden Street						
New Y				-			
	Address of the firm						

	rt II				and prefunding b									
_								(a) Ca	rryover balanc	е	(b) Pr	efundin	g balance	
7	Balance	e at begin	ning of prior year afte	er applica	able adjustments (line 13	3 from pri	ior			0			201	C 1 4
_		E 16 17 18	N 52 S							- 0			39:	514
8					nding requirement (line (0
9										0			2.0	514
10	100000000000000000000000000000000000000									0			-	
11					rn of12.91%					0			5.	101
11					to prefunding balance:									201
					38 from prior year)									291
					ate of6.57% exc									19
		2.5	72	20	ear to add to prefunding b									310
					lance									310
12					or deemed elections					0				0
										0			11	925
					line 10 + line 11d – line	12)				U			- 11	223
- 123	art III		ding percentage											
14	Funding	g target a	ttainment percentage									14	86.13	3 %
					e							15	91.1	7 %
16					of determining whether o							16	89.5	6%
17					less than 70 percent of							17		%
_						the fullul	ing target	, criter su	on percentage					
	art IV		tributions and li			-470000-10000-1000								
18	(a) Da		(b) Amount paid		ear by employer(s) and e (c) Amount paid by	mployees	s: (a) Date		(b) Amount	naid by	(c)	Amour	nt paid by	
	(a) Da		1 (2) (2)	Dy	(c) Amount paid by						(0)			
(N	M-DD-Y	(YYY)	employer(s)		employees	1M)	M-DD-YY	YY)	employe	er(s)		empic	yees	
_	M-DD-Y			5000	employees	1M) 0	M-DD-YY	(44)	employe	er(s)		empic	oyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empic	oyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empic	oyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)	and to the second of the secon	empic	oyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empic	oyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empic	pyees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empic	yees	
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_				5000	employees		M-DD-YY	YY)	employe	er(s)		empto	yees	
				5000	employees		M-DD-YY	YY)	employe	er(s)		empto	yees	
_				5000	employees		M-DD-YY	YY)	employe	er(s)		empto	yees	
				5000	employees		M-DD-YY	YY)	employe	er(s)		empto	yees	
				5000	employees	0	als ▶	18(b)	employe	55000	18(c)	empto	yees	
09	9/14/2	2012	5			Tota	als ▶	18(b)		55000	18(c)	empto	yees	
09	9/14/2	2012	5 oloyer contributions –	see inst	tructions for small plan v	Tota	als ▶ uation da	18(b)	e beginning of	55000 the year:	18(c)	empto	yees	
09	9/14/2 Discou	unted emp	oloyer contributions –	see inst	tructions for small plan v	Tota	als ▶ uation da	18(b) te after th	e beginning of	55000 the year: 19a	18(c)	empto	yees	
0.9	Discou a Cor b Cor	unted emp	oloyer contributions – allocated toward un	see inst	tructions for small plan v imum required contribut djusted to valuation date	Totavith a valuions from	als ▶ uation da	18(b) te after thars.	e beginning of	55000 the year: 19a	18(c)	empto		
09	Discou a Cor b Cor	unted emportributions	oloyer contributions – allocated toward un amade to avoid restri	see inst paid min ctions ac mum req	tructions for small plan v imum required contribut djusted to valuation date uired contribution for curre	Totavith a valuions from	als ▶ uation da	18(b) te after thars.	e beginning of	55000 the year: 19a	18(c)	empto		
0.9	Discou a Cor b Cor c Cor	unted emportributions ntributions retrivens	oloyer contributions – allocated toward units made to avoid restri	see inst paid min ctions ac mum req	tructions for small plan v imum required contribut djusted to valuation date uired contribution for curre	Tota	als ▶ uation da n prior yea	18(b) te after thats	e beginning of	55000 the year: 19a 19b 19c			5:	
19	Discou a Cor b Cor c Cor	unted emportributions of the plan	oloyer contributions – allocated toward units made to avoid restri allocated toward minimulations and liquidity have a "funding shor	see inst paid min ctions ac mum req shortfalls tfall" for	tructions for small plan wimum required contribut djusted to valuation date uired contribution for curres:	Tota vith a valuions from	als ▶ uation da' n prior yea	18(b) te after th	e beginning of	55000 the year: 19a 19b 19c			5 X Yes	166] No
19	Discou a Cor b Cor c Cor a Did b If 2	unted emportributions ntributions erly contributions the plan 20a is "Yes	oloyer contributions – allocated toward units made to avoid restri allocated toward mining butions and liquidity have a "funding shors," were required qua	see inst paid min ctions ac mum req shortfalls tfall" for	tructions for small plan wimm required contribut djusted to valuation date uired contribution for currents:	Tota vith a valuions from	als uation da n prior yea ndjusted to	18(b) te after th	e beginning of	55000 the year: 19a 19b 19c			5:	166] No
19	Discou a Cor b Cor c Cor a Did b If 2	unted emportributions ntributions erly contributions the plan 20a is "Yes	oloyer contributions – allocated toward units made to avoid restri allocated toward mining butions and liquidity have a "funding shors," were required qua	see inst paid min ctions ac mum req shortfalls tfall" for	tructions for small plan v imum required contribut djusted to valuation date uired contribution for curre s: the prior year?stallments for the current	Tota vith a valu ions from ent year a	als uation da prior yea adjusted to	18(b) te after th ars. valuation	e beginning of date	55000 the year: 19a 19b 19c			5 X Yes	166] No
19	Discou a Cor b Cor c Cor a Did b If 2	unted emportributions ntributions erly contributions the plan 20a is "Yes	ployer contributions — allocated toward units allocated toward minimitations and liquidity have a "funding shores," were required qualts," see instructions and	see inst paid min ctions ac mum req shortfalls tfall" for	tructions for small plan wimm required contribut djusted to valuation date uired contribution for currents:	Tota vith a valu ions from ent year a	als uation da prior yea adjusted to	18(b) te after th ars. valuation	e beginning of date	55000 the year: 19a 19b 19c			Yes X	

	t v Assumptio	ns used to determine f	unding target and tar	get normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 2.11%	2nd segment: 5.31%	3rd segment 6 . 32%		N/A, full yield curve used
		(enter code)			21b	4
22	Weighted average ret	tirement age			22	64
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescribed - separate	Substitut	е
Par	t VI Miscellane	ous items				
24	Has a change been m	nade in the non-prescribed acti	uarial assumptions for the cu	irrent plan year? If "Yes," see	instructions	regarding required
		e been made for the current pla				
		provide a Schedule of Active		TO THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRES	l attachment.	Yes X No
27	If the plan is eligible for regarding attachment	or (and is using) alternative fur	ding rules, enter applicable	code and see instructions	27	
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribut	ions for prior years		
28	Unpaid minimum requ	uired contributions for all prior	/ears		. 28	0
29		contributions allocated toward	enter de la firmación de contrata en enter en enterente de enterente de enterente de enterente de enterente de	control renovative and an include the result of the control of the control of the control of the control of the	29	0
30	Remaining amount of	f unpaid minimum required con	tributions (line 28 minus line	29)	. 30	0
Pai	t VIII Minimum	required contribution f	or current year			
31	Target normal cost a	nd excess assets (see instruct	ions):			
	a Target normal cost	(line 6)			. 31a	0
	b Excess assets, if a	applicable, but not greater than	31a		. 31b	0
32	Amortization installme	ents:		Outstanding Bal	ance	Installment
	a Net shortfall amort	tization installment			138875	26797
	b Waiver amortization	on installment			0	C
33	If a waiver has been (Month	approved for this plan year, en Day Year	ter the date of the ruling letter	er granting the approval	33	
34		ment before reflecting carryove				26797
	rotal fariality roquire	mont boloro rencoming earry eve	Carryover balance	Prefunding bala		Total balance
25	81 111	to effect for all an	Curryover bulance	1,1011111111111111111111111111111111111		CONTENTION OF THE CONTENTION O
35	Balances elected for requirement	use to onset lunding		0	0	
36		irement (line 34 minus line 35).			36	26797
_	Contributions allocate	ed toward minimum required c	ontribution for current year a	djusted to valuation date	37	51666
38		ess contributions for current ye				
		ny, of line 37 over line 36)			38a	24869
		n line 38a attributable to use of				(
39		quired contribution for current y				
40		quired contributions for all year				
		funding relief under Pe				
		ation base is being amortized p				
						2 plus 7 years 15 years
		s) for which the election in line				08 2009 2010 2011
12		ion adjustment				
		acceleration amount to be carri				
43	LYCESS HISIAIIIIEIII G	according amount to be carri				

Employer ID#: Plan No. 00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2011

Rate

10.31%/5.31%

Adj Ctb

27,718.49

Totals:	55,000.00		51,665.77

<u>Year</u>

2011

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the yea	ar
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	51,665.77

<u>Date</u>

09-14-2012

Amount

30,164.00

Schedule SB, line 22 Description of Weighted Average Retirement Age

Name of Plan: Barbara Franco, CPA, PC Pension Plan Trust

EIN/PN: 11-3257172/003

Plan Year: 01/01/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date, rounded up to the next full 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 or her assumed retirement age.

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 12/31/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.
Interest Rates	Segment 1 2.11%	Segment 1 1.85%	Pre-Retirement 3.65%
	Segment 2 5.31%	Segment 2 4.62%	Post-Retirement 3.65%
	Segment 3 6.32%	Segment 3 6.02%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs	2011 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form	For Funding	Lump Sum	
Calculated Effective In	terest Rate	5.31%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Plan Effective Date

January 1, 2000

Plan Year

From January 1 to December 31

Eligibility

All employees not excluded by class are eligible to enter on the January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

180 percent of compensation

with the benefit reduced proportionately for each year of service less than 25

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Plan maximum benefit is \$5,850 per month

Benefit is based on average salary during the highest 5 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

A fraction of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement.

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Valuation Date: December 31, 2011

Valuation Date	Amortization Method	Number of Future Installments	Installment	Value of Future Installments
12/31/2009	7-year	5	\$27,055	\$129,799
12/31/2010	7-year	6	\$(14,602)	\$(81,329)
12/31/2011	7-year	7	\$14,344	\$90,405
Total	a. 🗸 200000		\$26,797	\$138,875