#### 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

Р	ension Benefit Guaranty Corporation  Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/20	011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
		a short pla	an year return/report (less than 12 mo	nths)			
<b>C</b>	Check box if filing under:	•	extension	ÍΓ	DFVC progra	m	
•	special extension (enter description)			L			
Da							
	urt II   Basic Plan Information—enter all requested information	ation		4 h ·	<del>-</del> 1: ::		
	Name of plan STOPHER REYNOLDS FOUNDATION, INC403 B TAX DEFERRE	D ANNI II	TV DI ANI		Three-digit plan number		
OFFICE	OTOT HER RETNOEDO TOONDATION, INO. 400 B TAX DELERRE	D ANIO	TTTEAN		(PN) ▶	002	
				1c	Effective date of	plan	
					01/01/		
	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)	<b>2b</b> E	Employer Identif		er
CHR	ISTOPHER REYNOLDS FOUNDATION,INC			(	EIN) 13-61	29401	
				2c 3	Sponsor's telepl		
	PIERREPONT PLAZA ONE PIERRE			<u> </u>	212-377		
BRO	OKLYN, NY 11201 BROOKLYN,	NY 1120 <sup>2</sup>	1	2d E	Business code (		ns)
20	Plant administratoria and address (1)		10	2h /	81300		
	Plan administrator's name and address (if same as plan sponsor, er STOPHER REYNOLDS FOUNDATION, IN ONE PIERRE			3D /	Administrator's E 13-61		
	BROOKLYN,	NY 11201		3c /	Administrator's t	elephone nun	nber
					212-377		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
3	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DNI		
	Total number of participants at the beginning of the plan year				-IN		
			-	<u>5a</u>			
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 p complete this item)	• (	·	5c			
6a	Were all of the plan's assets during the plan year invested in eligible		•			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a		· ·				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information	I	T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	682638			694556	)
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	682638			694556	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	0-(4)	56084				
	(1) Employers	8a(1)		-			
	(2) Participants	8a(2)		_			
	(3) Others (including rollovers)	8a(3)	44466	_			
b	Other income (loss)	8b	-44166			11010	•
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				11918	<u> </u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i				11918	3
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

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<b>-</b>	-	<b>~</b> :	
Part IV	Plan	Charac	eteristics

- 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:

_									
Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X				2	2000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	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.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X					493	14
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h 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	10i		X					
art	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					$\overline{\Box}$	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes	ΧN	No
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
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					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	Ά
art	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol			Voc		No.
•	of the PBGC?	ha	n/a) to			Ш	Yes	^ '	NO
С	which assets or liabilities were transferred. (See instructions.)	не ріа	11(5) 10						
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	1	3c(3)	PN(s	s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establi	ished.				
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returned.								!

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	NICHOLAS JACANGELO
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

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# Short Form Annual Return/Report of Small Employee Benefit Plan

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1210-0089

2011

OMB Nos. 1210-0110

This Form is Open

Р	ension Benefit Guaranty Corporation Complete	all entries in accordance with the	e instruc	tions to t	he Fo	rm 5500-SF.	to Public	Inspection
P	art I Annual Report Identifica	tion Information						
For	r calendar plan year 2011 or fiscal plan year b	peginning 01/01/2011		a	nd en	ding 1	2/31/20	11
A	This return/report is for:	employer plan a multiple-	employer	plan (not	multie	mployer)	a one-particip	ant plan
В		return/report the final re	turn/repo	rt			•	#-000000000000000000000000000000000000
_	an amen	nded return/report a short pla	n year ret	urn/repor	t (less	than 12 montl	ns)	
C	Check box if filing under: X Form 55	58 automatic	extension	1			DFVC program	m
	special e	extension (enter description)					,	
P	art II Basic Plan Information -							
1a	Name of plan				1b	Three-digit		
CH	RISTOPHER REYNOLDS FOU	JNDATION, INC403	ВВ			plan number (F	PN)	002
TA	AX DEFERRED ANNUITY PLA	N			1c	Effective date	of plan	
							1/2006	
2a	Plan sponsor's name and address; include room	or suite number (employer, if for singl	e-employe	r plan)	2b	Employer Iden	tification Numl	ber (EIN)
CH	RISTOPHER REYNOLDS FOU	INDATION, INC					129401	
					2c	Sponsor's tele	phone number	r
ON	NE PIERREPONT PLAZA					377-27		
					2d	Business code	(see instruction	ons)
BR	KOOKTAN N	Y 11201				8130		/
3a	Plan administrator's name and address (if s	same as plan sponsor, enter "Sam	e")		3b	Administrator's	s EIN	
CH	RISTOPHER REYNOLDS FOU	INDATION, IN	N 5				129401	
	NE PIERREPONT PLAZA				3с	Administrator's	telephone nu	mber
BR	SOOKTAN	IY 11201				-377-27		
4	If the name and/or EIN of the plan sponsor ha	as changed since the last return/re	port filed	for this	4b	EIN		
ŗ	plan, enter the name, EIN, and the plan numb	per from the last return/report.						
a	Sponsor's name				4c	PN		
_		*						
	Total number of participants at the beginning				5a		2	
b	research and the particular trib esta est				5b		2	
С	Number of participants with account balan		•				202	
_	benefit plans do not complete this item)				5c		2	
	Were all of the plan's assets during the plan	n year invested in eligible assets? (	(See instr	uctions.)			X Y	es 🗌 No
b	the year and the training at t							
	(IQPA) under 29 CFR 2520.104-46? (See in						X Y	es 🗌 No
0	If you answered "No" to either 6a or 6b, to art III Financial Information	he plan cannot use Form 5500-S	F and mi	ust instea	ad use	Form 5500.		
-	1000 TO 7 POLOS			() 5				
7	Plan Assets and Liabilities		_	(a) Be		g of Year	(b) End	of Year
d	Total plan assets		. 7a			682638		694556
	Total plan liabilities  Net plan assets (subtract line 7b from line 7					682638		694556
8	Income, Expenses, and Transfers for this P		. 7c	1.	a) Am		/b) 7	
	Contributions received or receivable from:	ावा । उवा		(	aj Aili	Julii.	(0)	Total
a	(1) Employers		8a(1)			56084		
	(2) Participants					30004		
	(3) Others (including rollovers)							
h	Other income (loss) SEE	STATEMENT 1	8b			-44166		
C			1			11100		11918
d								11710
e								
f	Administrative service providers (salaries, fe							
g								
h								
i	Net income (loss) (subtract line 8h from line							11918
i	Transfers to (from) the plan (see instruction							11710
_	the state of the s	_,				E.		

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

Form 5500-SF (2011) v.012611

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#### Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0770000	Committee of Constitute					
Par	······································					
10	During the plan year:		Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contributions within the time period described			.,		
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		Х		·
D	Were there any nonexempt transactions with any party-in-interest? (Do not include					
_	transactions reported on line 10a.)	10b	37	X		20000
	Was the plan covered by a fidelity bond?	10c	Х			200000
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that			.,		
_	was caused by fraud or dishonesty?	10d		Х	-	
е	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		1.4	.,		
	the plan? (See instructions.)	10e		X		
	Has the plan failed to provide any benefit when due under the plan?	10f	**	X		10011
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			49314
n	If this is an individual account plan, was there a blackout period? (See instructions			🛭		
	and 29 CFR 2520.101·3.)	10h		X		
I	If 10h 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	10i		X		
Par						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction					
12	Schedule SB (Form 5500))				Ye	s X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412					
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,					
	ruling granting the waiver. Month			/	Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t					
	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 (enter a minus sign					
	the left of a negative amount)					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets			Yes	s No	N/A
	····················					
ısa	Has a resolution to terminate the plan been adopted in any plan year?				Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan,		-			-
_	under the control of the PBGC?				Yes	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	, identif	y the p	olan(s) to	o which assets	or
	liabilities were transferred. (See instructions.)					
1;	Bc(1) Name of plan(s):		13c(2)	EIN(s)	130	(3) PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless					
Under p	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if a pay an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true	pplicable, correct,	a Sche	dule SB or aplete.	Schedule MB com	oleted and
SIGN	N. K. J. C.		a=-			
HERI	10/09/2012 NICHOLAS JA					
	Signature of plan administrator Date Enter name of individ	uai sign	ing as	plan ad	ministrator	
SIGN						
	Signature of employer/plan sponsor Date Enter name of individ	ual sign	ing as	employ	er or plan spo	nsor