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.

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	n)			ш
Pa	Int II Basic Plan Information—enter all requested informa				
_	Name of plan	111011		1b	Three-digit
	ENE & REID, PLLC CASH BALANCE PLAN				plan number
					(PN) ▶ 002
				1c	Effective date of plan
	Plan sponsor's name and address; include room or suite number (en	mployer if	for a single-employer plan)	2h	01/01/2007 Employer Identification Number
	ENE & REID, PLLC	ripioyer, ii	Tot a single-employer plant	20	(EIN) 16-1590779
				2c	Sponsor's telephone number
173 I	NTREPID LANE				315-492-9665
	ACUSE, NY 13205			2d	Business code (see instructions)
					541110
	Plan administrator's name and address (if same as plan sponsor, en ENE & REID, PLLC 173 INTREPIE		")	3b	Administrator's EIN 16-1590779
OILL	SYRACUSE, I			3c	Administrator's telephone number
					315-492-9665
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
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI
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	
C	Number of participants with account balances as of the end of the plant			30	
	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		,		<u>N</u> Tes [] NO
Pa	rt III Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or and mast motera ase rorm oo	, , , , , , , , , , , , , , , , , , , 	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	201844		225352
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	201844		225352
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		24282		
	(1) Employers	8a(1)	24202	_	
	(2) Participants	8a(2)		_	
	(3) Others (including rollovers)	8a(3)	1000	_	
b	Other income (loss)	8b	1996		26270
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			26278
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2770		
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			2770
i	Net income (loss) (subtract line 8h from line 8c)	8i			23508
j	Transfers to (from) the plan (see instructions)	8i			

Form	5500-	SF.	201

Page 2	- [1	
--------	-----	---	--

		•	
Part IV	Plan	Charac	teristics

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

 1A 1C 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan years		Yes	No		A		
	During the plan year:		res	NO		Am	ount	
4	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				
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	100						
	on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ					500
								300
	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				
	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				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
1	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Χ				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g						
	2520.101-3.)	10h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	1011						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
t١	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete	Sched	ule SE	3 (Form			_
	5500))						Yes	
							103	!
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	₩-
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Ves." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)) 1	+
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of	ERISA?	·	Yes	X
1		e or se	ction 3	302 of enter th	ERISA?	of the le	Yes	X I
a !	(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 instruc	e or se ctions,	ction 3	302 of enter th	ERISA?	of the le	Yes	X I
a f ye	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of enter th	ERISA?	of the le	Yes	X N
a f yo	(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 instruction granting the waiver	e or se	and e	302 of enter th Day	ERISA?	of the le	Yes	ng
i ye	(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 instruction granting the waiver	e or se	and e	302 of enter the Day 12b 12c	ERISA?	of the le	Yes	X N
a signal	(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 instruction granting the waiver	e or se	and e	302 of enter th Day	ERISA?	of the le	Yes	X N
a f ye D C	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ctions, th of a	and e	12b 12d	ERISA?	of the le	Yes	ng
a f you	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	12b 12d	erisa?	of the le	Yes tter rul	ng
a ff you	(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 instruction granting the waiver	ctions, hth	and e	12b 12c 12d	e date	of the le	Yes tter rul	ng
f you	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	ctions,	and e	12b 12c 12d	e date	of the le	Yes tter rul	ng
f you	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d	e date	of the le	Yes tter rul	ng
a f you	(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 instruction granting the waiver	of a	and e	12b 12c 12d	e date	of the le Yes	Yes	ng N/
f you	(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 instruction granting the waiver	of a	and e	12b 12c 12d	e date	of the le Yes	Yes tter rul	ng N/
f ye	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan is plan	of a	and e	12b 12c 12d	e date	of the le Yes	Yes	ng N/
f you	(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 instruct granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date Yes Yes	of the le Yea	Yes tter rul No Yes	N/
f you	(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 instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan(s), identify the standard plan is plan to another plan is plan	of a	and e	12b 12c 12d	e date Yes Yes	of the le Yea	Yes	N/
f you	(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 instruct granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date Yes Yes	of the le Yea	Yes tter rul No Yes	N/
f you	(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 instruct granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	e date Yes Yes	of the le Yea	Yes tter rul No Yes	N/

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by 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, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	JAMES E. REID
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/09/2012	JAMES E. REID
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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as a	an attacl	hmeı	nt to Form	5500 or	5500	·SF.						
For	calen	ndar p	lan year 20	11 o	r fiscal plan y	eai	r beginning 0	1/01/201	1				and end	ing	12/31/2	2011			
					arest dollar. 00 will be ass	es	sed for late filing o	of this rep	ort u	ınless reaso	onable c	ause i	s establish	ed.					
	lame EENE			CASI	H BALANCE I	PL	AN					В	Three-di	_	PN))		002	
			or's name a	s sh	own on line 2a	а о	f Form 5500 or 55	00-SF					Employer -1590779	Identi	ficatior	n Num	nber (I	ΞIN)	
ΕТ	ype of	f plan	: X Single	, [Multiple-A		Multiple-B		F P	Prior year pla	an size:	X 100	or fewer	□ 10	01-500	N	More tl	nan 500	
P	rt I	R	asic Info	rma	etion											<u> </u>			
1			valuation o			Иo	nth <u>12</u> [Day3	1	Year_	2011								
2	Ass																		
	а	Mark	et value											2	a				201070
	b	Actu	arial value.											2	b				201070
3	Fun	ding t	arget/partio	ipan	t count break	dov	wn:				(1) N	lumbe	er of partic	ipants			(2) F	unding Ta	rget
	а	For	retired part	cipa	nts and benef	icia	aries receiving pay	ment		3a					0				0
	b	For	terminated	vest	ed participants	s				3b					1				509
	С	For	active parti	cipar	nts:														
		(1)	Non-veste	d be	nefits					3c(1)									0
		(2)	Vested be	nefit	S					3c(2)									228231
		(3)	Total activ	e						3c(3)					3				228231
	d	Tota	ıl							3d					4				228740
4	If the	e plar	n is in at-ris	k sta	tus, check the	e bo	ox and complete li	nes (a) a	and (b	o)									
	а	Fund	ding target	disre	garding presc	rib	ed at-risk assumpt	tions						4	а				
	b						mptions, but disre- secutive years and								b				
5	Effe	ctive	interest rate	e										;	5				2.84 %
6	Targ	get no	rmal cost											(6				17968
S	Fo the baccorda	pest of rance with	h applicable la	the in w and	formation supplied regulations. In my	ор	this schedule and accominion, each other assumpence under the plan.									expect		and such other	
П	ERE	-			O:	4	o of optus					_							
SCC	TT E.	. RUE	HR		Signa	tur	e of actuary					<u> </u>					Date 1-028	71	
SCC	TT E.	. RUE	HR, FSA		Type or pri	int	name of actuary					<u></u>		Mo	st rece			ent number 2-5122	•
			LD AVENU PA 19026	ΙE	F	irn	n name		_				T	elepho	one nu	mber	(inclu	ding area c	code)
					Addı	res	s of the firm					_							
If the	actua	ary ha	ıs not fully ı	eflec	ted any regul	atio	on or ruling promu	lgated ur	nder	the statute	in compl	eting	this sched	ule, ch	eck th	e box	and s	see	П
	ictions	•	,		, 5		01	5			•	J		•					Ц

Page 2	2 - 1
--------	-------

Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryove	er and prefunding bal	ances						
	•						(a) C	arryover balance)	(b)	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 fr				0			21959
8			•	-	unding requirement (line 35				0			1210
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					0			20749
10	Interest	on line 9	ousing prior year's	s actual ret	urn of10.68%							2216
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							0
					rate of 6.41 % except							0
	C Tota	ıl availabl	e at beginning of co	urrent plan y	ear to add to prefunding bala	nce						0
	d Port	tion of (c)	to be added to pr	efunding b	alance							0
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			5387
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											17578	
P	art III	Fun	ding percenta	ages								
14	Funding	g target a	attainment percent	age							14	80.00 %
15	14 Funding target attainment percentage 15 Adjusted funding target attainment percentage										15	91.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce										122.46 %		
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	funding targ	jet, enter si	uch percentage			17	%
Pa	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contrib				ear by employer(s) and emp	oloyees:						
(N	(a) Dat IM-DD-Y		(b) Amount pa	aid by (s)	(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount p employer		(nt paid by byees
09	/14/2012			24282								
				•		Totals ►	18(b)		24282	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with a	a valuation da	ate after th	e beginning of th	e year:			
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior ye	ears		19a			0
	b Conti	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted t	to valuation	date	19c			23806
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:							
	a Did th	he plan h	nave a "funding sh	ortfall" for t	he prior year?							Yes X No
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current yea	r made in a ti	imely manı	ner?			<u> </u>	Yes No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
				-	Liquidity shortfall as of er		of this plar	n year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost				
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 2.11%		2nd segment: 5.31%		3rd segment: 6.32 %		N/A, full yield curve used		
	b At	pplicable month	(enter code)					21b	4		
22								22	65		
23		ality table(s) (see	_		escribed - combined		scribed - separate	Substitut			
Pa		Miscellane	_		<u>L</u>						
				ed act	uarial assumptions for the c	urrent	nlan year? If "Yes " see	instructions	regarding required		
			•				•		· · · · · · · · · · · · · · · · · · ·		
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No		
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No		
27					nding rules, enter applicable			27			
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years				
28	Unpa	id minimum requ	uired contributions for all	prior :	years			28	0		
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior ye (line 19a)								0		
30	0										
Pa	rt VIII	Minimum	required contribu	tion f	for current year						
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):						
	a Tai	rget normal cost	(line 6)					31a	17968		
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0		
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment		
	a Ne	et shortfall amort	ization installment					45747	7258		
	b Wa	aiver amortizatio	on installment					0	0		
33					ter the date of the ruling letto			33			
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	25226		
					Carryover balance		Prefunding balar	nce	Total balance		
35			use to offset funding			0		1420	1420		
36								36	23806		
36			•		ontribution for current year a			37	23806		
									20000		
38			ess contributions for curr		,			20-	0		
								38a	0		
					prefunding and funding star			38b	0		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)									0		
40								40	0		
	rt IX				ension Relief Act of 20						
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ursuant to an alternative amo	ortizati	on schedule:				
	a Sch	nedule elected						[2 plus 7 years 15 years		
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011		
42	Amou	int of acceleratio	on adjustment					42			
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Bonsion Bonofit 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

v.012611

. Grain assist Statisty Corporation	➤ File as	s an attachn	nent to Form 5	500 or	5500-SF.			
For calendar plan year 2011 or fiscal pl	an year beginning	01/	01/2011		and endi	ng	12,	/31/2011
Round off amounts to nearest do								
Caution: A penalty of \$1,000 will be	assessed for late filing	of this repor	t unless reaso	nable ca	use is establishe	ed.		
A Name of plan					B Three-dig	it		
					plan num	ber (PN)		002
Greene & Reid, PLLC Cas	sh Balance Plan	1						
C Plan sponsor's name as shown on lii					D Employer	dentification	n Number	(EIN)
								,
Greene & Reid, PLLC					16-1590	779		
E Type of plan: 🛛 Single 📗 Multiple	e-A Multiple-B	F	Prior year plan	size: 🛚 🗵	100 or fewer	101-50	0 🔲 More	than 500
Part I Basic Information				· · · · · · · · · · · · · · · · · · ·				
1 Enter the valuation date:	Month 12	Day 31	Year	2011				
2 Assets:								
a Market value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2a		201,070
b Actuarial value					,,	2b		201,070
3 Funding target/participant count b	reakdown:			(1) N	umber of partici	pants	(2) Funding Target
a For retired participants and b	eneficiaries receiving pa	ayment	3a			0	<u> </u>	(
b For terminated vested partici	pants		3b			1		509
C For active participants:								
(1) Non-vested benefits			3c(1)					(
(2) Vested benefits			3c(2)					228,231
(3) Total active			3c(3)			3		228,23
d Total			3d			4		228,740
4 If the plan is in at-risk status, chec	k the box and complete	lines (a) and	d (b)(d) t		-			
a Funding target disregarding p	rescribed at-risk assum	ptions				4a		······
b Funding target reflecting at-ri	sk assumptions, but disr	regarding tra	nsition rule for	plans th	at have been in	4b		
at-risk status for fewer than f								0.04
5 Effective interest rate					***************************************	5		2.84 %
6 Target normal cost			***************************************		***************************************	6		17,968
Statement by Enrolled Actuary To the best of my knowledge, the information so	unnlied in this echadule and acco	omnanvina eche	dulae statements a	nd attachm	iente if any is comple	ate and accura	ita Each nrasi	rrihad assumntion was annlied in
accordance with applicable law and regulations combination, offer my best estimate of anticipate	. In my opinion, each other assur							
	000							
SIGN HERE	7/ Kan 1/2 -						09/17/	2012
	innoture of actuary				.		Date	
Scott E. Ruehr	Signature of actuary						11-02	
	or print name of actuary				***************************************	Mostro		ment number
Scott E. Ruehr, FSA	or print name or actuary						10) 62	
	Firm name				- 		•	duding area code)
2434 Mansfield Avenue	. mir namo				1,	o.opnone n		
D 1 W/11		D. 7.	2006					
Drexel Hill	Address of the firm	PA 19	9026		_			
f the actuary has not fully reflected any	regulation or ruling prom	ulgated und	er the statute i	n comple	eting this schedu	ile, check t	he box and	d see
nstructions For Paperwork Reduction Act Notice	and OMB Control Num	bers. see th	e instructions	for For	rm 5500 or 5500)-SF.	Sched	dule SB (Form 5500) 201

Page	2	-
------	---	---

P	art II	Begin	ning of year	carryove	er and prefunding ba	lances							
							(a) (Carryover balance	·	(b) Pr	efundi	ng balance	.
7	_	•			cable adjustments (line 13 f	-			0			21,	, 959
8			,	•	unding requirement (line 35				0			1,	,210
9									0			20,	,749
10	Interest	on line 9	using prior year's	actual ret	urn of <u>10.68</u> %							2,	,216
11	Prior ye	ear's exce	ess contributions to	o be added	to prefunding balance:								
					e 38 from prior year)								0
	b Inte	rest on (a erwise pre	a) using prior year ovided (see instru	's effective ctions)	rate of6.41_% excep	ot as							0
	C Tota	al availabl	e at beginning of cu	urrent plan y	year to add to prefunding bala	ance							0
	d Por	tion of (c) to be added to pr	refunding b	palance								0
12	Other re	eductions	s in balances due	to election:	s or deemed elections				0				<u>,</u> 387
_13	Balance	e at begir	nning of current ye	ar (line 9 +	+ line 10 + line 11d – line 12				0			17	, 578
P	art III	Fun	ding percenta	ages									
14	Funding	g target a	attainment percent	age				***************************************			14	80.0	0 %
15	Adjuste	d funding	g target attainmen	t percentag	ge	***************************************					15	91.1	5 %
16					of determining whether car						16	122.4	6 %
_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		%
P	art IV	Con	tributions an	d liquidi	ty shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:							
(1	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) ((MM-DE	Date D-YYYY)	(b) Amount p employer	-	(c)		nt paid by oyees	
0	9/14/2	2012		24,282									
						 							
						Totals •	18(b)		24,282	18(c)			0
19		•	•		tructions for small plan with			_ +					
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	s from prior	years		19a				0
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b				0
	C Cont	ributions	allocated toward m	inimum req	uired contribution for current	year adjuste	d to valuation	n date	19c			23	,806
20		•	outions and liquidit	•									· · · ·
					the prior year?							Yes 🔀	No
	b If 20	a is "Yes	," were required q	uarterly ins	tallments for the current yea	ar made in a	timely mar	nner?				Yes [No
	C If 20	a is "Yes	," see instructions	and compl	lete the following table as a		• • • • • • • • • • • • • • • • • • • •						
		(1) 1	et		Liquidity shortfall as of e	end of quarte				1.	1) 4tl		
		(1) 1:	J.		(2) 2nd		(0)	3rd			-, -,	· · · · · · · · · · · · · · · · · · ·	
				L		1							

Pa	rt V As	ssumptio	ns used to de	termine	funding target and t	arget r	normal cost			
21	Discount	rate:	-							
	a Segm	ent rates:	1st segm 2.11	ent: %	2nd segment: 5.31 %		3rd segment 6.32 %		N/A, full yield	curve used
	h Anntin	ahle month						21b		4
22								22		65
			e instructions)		rescribed - combined	_	scribed - separate	Substitut	e	
						_Ш ` ` ` `				
			ous items	assibad as	tuarial assumptions for the	ourront	plan year? If "Vas " see	inetructions	regarding required	
24										Yes 🛚 No
25	Has a me	thod change	e been made for th	e current p	lan year? If "Yes," see ins	tructions	regarding required atta	chment		Yes X No
26	Is the pla	n required to	provide a Schedu	le of Active	e Participants? If "Yes," se	e instruc	tions regarding required	attachment.		Yes X No
27					unding rules, enter applicat			27		
Pa	rt VII F	Reconcilia	ation of unpai	d minim	um required contrib	utions	for prior years			
28	Unpaid m	ninimum requ	uired contributions	for all prior	years			28	····	0
29					d unpaid minimum require			29		0
30	Remainin	ng amount of	unpaid minimum	equired co	intributions (line 28 minus l	ine 29)		. 30		0
Pa	rt VIII N	Vinimum	required cont	ribution	for current year					
31	Target no	ormal cost a	nd excess assets (see instruc	ctions):					
	a Target	normal cost	(line 6)					. 31a		17 , 968
	b Exces	s assets, if a	applicable, but not	greater thai	n 31a			. 31b		0
32	Amortizat	tion installme	ents:				Outstanding Bal	ance	Installm	ent
	a Net sh	ortfall amort	ization installment					45,747		7,258
	b Waive	r amortizatio	on installment	**************	***************************************			d		0
33	If a waive (Month _				nter the date of the ruling le			33		
34	Total fund	ding requirer	ment before reflect	ing carryov	er/prefunding balances (lir	nes 31a -	31b + 32a + 32b - 33)	34		25,226
					Carryover balanc	е	Prefunding bala	ince	Total bal	ance
35			use to offset fundir	-		(1,420		1,420
36)					23,806
37	Contribut	tions allocate	ed toward minimun	required o	contribution for current yea	r adjuste	d to valuation date	37	•	23,806
38	<u> </u>	·····			ear (see instructions)			11		
	•							38a		0
	•				of prefunding and funding s			38b		0
39					year (excess, if any, of line			39		0
40	Unpaid m	ninimum req	uired contributions	for all year	·s	,,,,,,,,,		40		0
Pa	rt IX	Pension	funding relief	under P	ension Relief Act of	2010 (see instructions)			
41	If a shortf	fall amortizat	tion base is being a	mortized p	oursuant to an alternative a	mortizati	on schedule:			
	a Schedu	ule elected .							2 plus 7 years [15 years
	b Eligible	plan year(s) for which the ele	ction in line	41a was made			200	8 2009 2010	2011
42	Amount o	of acceleration	on adjustment					42		
43	Excess in	stallment ac	celeration amount	to be carrie	ed over to future plan year	s		. 43		
					·					

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/11

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

Schedule SB, line 22 –

Weighted average retirement age

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/11

It was assumed that all participants will retire at Normal Retirement Age (65).

Schedule SB, Part V –

Statement of Actuarial Assumptions/Methods

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Equal to Normal Retirement Age
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 4.5%

Schedule SB, Part V -

Summary of Plan Provisions

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Eligibility: Age 21 and 1 year of service (dual entry dates). Employees other than J. Reid, J. McIntyre, B. Stevenson, Allison Reid, and E. Brown are excluded.
- Theoretical contributions: 6% of pay for J. Reid, 2.6% of pay for all others.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65, or if later, 5th anniversary of entry (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Attachment to Schedule SB, line 32 - Amortization Base Information

PLAN: EIN/PN:	Greene & Reid, PLLC Cash Balance Plan 16-1590779 / 002	Balance Plan		
PYE:	12/31/2011			
Type of Base	PV Remaining Installments	Date Established	Yrs remaining	Amort. Installment
Shortfall	0\$	12/31/2008	4	0\$
Shortfall	0\$	12/31/2009	2	0\$
Shortfall	0\$	12/31/2010	9	8
Shortfall	\$45,747	12/31/2011		\$7,258
	\$45,747			\$7,258

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Bonsion Bonofit 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

v.012611

. Graden School Statutty Sorporation	➤ File as an a	attachment to Fo	rm 5500 or	5500-SF.			
For calendar plan year 2011 or fiscal p	lan year beginning	01/01/203	L 1	and endi	ng	12/	31/2011
Round off amounts to nearest do							
Caution: A penalty of \$1,000 will b	e assessed for late filing of th	is report unless re	easonable ca	ause is establish	ed.	m	
A Name of plan				B Three-dig	jit		
				plan num	ber (PN)		002
Greene & Reid, PLLC Cas	sh Balance Plan						
C Plan sponsor's name as shown on li		SF		D Employer	Identification	n Number (EIN)
				' '		•	,
Greene & Reid, PLLC			,	16-1590	779		
E Type of plan: 🛛 Single 📗 Multipl	e-A Multiple-B	F Prior yea	r plan size: [100 or fewer	101-50	O [] More	than 500
Part I Basic Information				-			
1 Enter the valuation date:	Month 12 Day	, 31 _{Ye}	ar 2011				
2 Assets:							
a Market value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2a		201,070
b Actuarial value			,,,,,,	.,	2b		201,070
3 Funding target/participant count to	reakdown:	1.1.1.1	(1) N	umber of partici	pants	(2)	Funding Target
a For retired participants and t	peneficiaries receiving payme	nt 3a			0		(
b For terminated vested partic	ipants	3b			1		509
c For active participants:							
(1) Non-vested benefits			<u>- </u>				(
(2) Vested benefits							228,23
(3) Total active		· · · · · · · · · · · · · · · · · · ·	3)		3		228,233
d Total	111.111.111.1111.1111.1111.1111.1111.1111	3d			4		228,740
4 If the plan is in at-risk status, chec	ck the box and complete lines	s (a) and (b)					
a Funding target disregarding	prescribed at-risk assumption	ıs			4a		
	isk assumptions, but disregar				4b		
5 Effective interest rate	five consecutive years and dis						2.84 %
^					6		17,968
b Target normal cost Statement by Enrolled Actuary							
To the best of my knowledge, the information s							
accordance with applicable law and regulations combination, offer my best estimate of anticipate		n is reasonable (taking i	into account the	experience of the plan	and reasonab	le expectations) and such other assumptions, in
SIGN	000						
HERE Sett	7/ Kulle					09/17/2	012
	Signature of actuary					Date	
Scott E. Ruehr	·					11-028	71
Туре	or print name of actuary				Most re	cent enrollm	nent number
Scott E. Ruehr, FSA					(6	10) 622	-5122
2434 Mansfield Avenue	Firm name			т	elephone n	umber (incl	uding area code)
2-104 manistrera Avenue							
Drexel Hill	Ţ	PA 19026					
	Address of the firm			_			
f the actuary has not fully reflected any	regulation or ruling promutes:	ted under the stat	ute in comp	leting this school	ile check?	he hay and	see \square
nstructions	regulation of ruling promulgat	ted under the Sta	ute in comp	eang uns schedt	ne, CHECK (THE NOX BIND	300
or Paperwork Reduction Act Notice	and OMB Control Numbers	, see the instruc	tions for Fo	rm 5500 or 5500)-SF.	Sched	ule SB (Form 5500) 201

Page	2	-
------	---	---

Part II Beginning of year carryover and prefunding balances			
(a) Carryover balance		(b) Prefund	ing balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0		21,959
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0		1,210
9 Amount remaining (line 7 minus line 8)	0		20,749
10 Interest on line 9 using prior year's actual return of 10.68 %			2,216
11 Prior year's excess contributions to be added to prefunding balance:			
a Present value of excess contributions (line 38 from prior year)			0
b Interest on (a) using prior year's effective rate of 6.41% except as otherwise provided (see instructions)			0
C Total available at beginning of current plan year to add to prefunding balance	L		0
d Portion of (c) to be added to prefunding balance			0
12 Other reductions in balances due to elections or deemed elections	0		5,387
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0		17,578
Part III Funding percentages			
14 Funding target attainment percentage		14	80.00 %
15 Adjusted funding target attainment percentage		15	91.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used current year's funding requirement	to reduce		122.46 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage		17	%
Part IV Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(unt paid by loyees
09/14/2012 24,282			
		•	
Totals • 18(b)	24,282	18(c)	0
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a		0
b Contributions made to avoid restrictions adjusted to valuation date	19b		0
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c		23,806
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			Yes X No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			Yes No
C If 20a is "Yes," see instructions and complete the following table as applicable:	Γ		<u></u>
Liquidity shortfall as of end of quarter of this plan year	l.		
(1) 1st (2) 2nd (3) 3rd		(4) 4	th

Pa	rt V As	ssumptio	ns used to de	termine	funding target and t	arget r	normal cost			
21	Discount	rate:	-							
	a Segm	ent rates:	1st segm 2.11	ent: %	2nd segment: 5.31 %		3rd segment 6.32 %		N/A, full yield	curve used
	h Anntin	ahle month						21b		4
22								22		65
			e instructions)		rescribed - combined	_	scribed - separate	Substitut	e	
						_Ш ` ` ` `				
			ous items	assibad as	tuarial assumptions for the	ourront	plan year? If "Vas " see	inetructions	regarding required	
24										Yes 🛚 No
25	Has a me	thod change	e been made for th	e current p	lan year? If "Yes," see ins	tructions	regarding required atta	chment		Yes X No
26	Is the pla	n required to	provide a Schedu	le of Active	e Participants? If "Yes," se	e instruc	tions regarding required	attachment.		Yes X No
27					unding rules, enter applicat			27		
Pa	rt VII F	Reconcilia	ation of unpai	d minim	um required contrib	utions	for prior years			
28	Unpaid m	ninimum requ	uired contributions	for all prior	years			28	····	0
29					d unpaid minimum require			29		0
30	Remainin	ng amount of	unpaid minimum	equired co	intributions (line 28 minus l	ine 29)		. 30		0
Pa	rt VIII N	Vinimum	required cont	ribution	for current year					
31	Target no	ormal cost a	nd excess assets (see instruc	ctions):					
	a Target	normal cost	(line 6)					. 31a		17 , 968
	b Exces	s assets, if a	applicable, but not	greater thai	n 31a			. 31b		0
32	Amortizat	tion installme	ents:				Outstanding Bal	ance	Installm	ent
	a Net sh	ortfall amort	ization installment					45,747		7,258
	b Waive	r amortizatio	on installment	**************	***************************************			d		0
33	If a waive (Month _				nter the date of the ruling le			33		
34	Total fund	ding requirer	ment before reflect	ing carryov	er/prefunding balances (lir	nes 31a -	31b + 32a + 32b - 33)	34		25,226
					Carryover balanc	е	Prefunding bala	ince	Total bal	ance
35			use to offset fundir	-		(1,420		1,420
36)					23,806
37	Contribut	tions allocate	ed toward minimun	required o	contribution for current yea	r adjuste	d to valuation date	37	•	23,806
38	<u> </u>	·····			ear (see instructions)			11		
	•							38a		0
	•				of prefunding and funding s			38b		0
39					year (excess, if any, of line			39		0
40	Unpaid m	ninimum req	uired contributions	for all year	·s	,,,,,,,,,		40		0
Pa	rt IX	Pension	funding relief	under P	ension Relief Act of	2010 (see instructions)			
41	If a shortf	fall amortizat	tion base is being a	mortized p	oursuant to an alternative a	mortizati	on schedule:			
	a Schedu	ule elected .							2 plus 7 years [15 years
	b Eligible	plan year(s) for which the ele	ction in line	41a was made			200	8 2009 2010	2011
42	Amount o	of acceleration	on adjustment					42		
43	Excess in	stallment ac	celeration amount	to be carrie	ed over to future plan year	s		. 43		
					·					

Schedule SB, line 15 -

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/11

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

Schedule SB, line 22 –

Weighted average retirement age

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/11

It was assumed that all participants will retire at Normal Retirement Age (65).

Schedule SB, Part V –

Statement of Actuarial Assumptions/Methods

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Equal to Normal Retirement Age
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 4.5%

Schedule SB, Part V -

Summary of Plan Provisions

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Eligibility: Age 21 and 1 year of service (dual entry dates). Employees other than J. Reid, J. McIntyre, B. Stevenson, Allison Reid, and E. Brown are excluded.
- Theoretical contributions: 6% of pay for J. Reid, 2.6% of pay for all others.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65, or if later, 5th anniversary of entry (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

Attachment to Schedule SB, line 32 - Amortization Base Information

PLAN: EIN/PN:	Greene & Reid, PLLC Cash Balance Plan 16-1590779 / 002	Balance Plan		
PYE:	12/31/2011			
Type of Base	PV Remaining Installments	Date Established	Yrs remaining	Amort. Installment
Shortfall	0\$	12/31/2008	4	0\$
Shortfall	0\$	12/31/2009	2	0\$
Shortfall	0\$	12/31/2010	9	8
Shortfall	\$45,747	12/31/2011		\$7,258
	\$45,747			\$7,258