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

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number TED M. SHAPSES & CO., INC. DEFINED BENEFIT PLAN (PN) ▶ 001 1c Effective date of plan 12/31/1987 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TED M. SHAPSES & CO., INC. 11-2854229 (EIN) 2c Sponsor's telephone number 516-864-1819 25 FORT HILL DRIVE LLOYD HARBOR, NY 11743 2d Business code (see instructions) 524210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 25 FORT HILL DRIVE TED M. SHAPSES & CO., INC. LLOYD HARBOR, NY 11743 3c Administrator's telephone number 516-864-1819 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 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..... 2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 2214288 2252406 Total plan assets..... 7a n 7b Total plan liabilities..... 2214288 2252406 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 43281 **b** Other income (loss)..... 8b 43281 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 5163 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 5163 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 38118 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

Form	5500-	SF.	201

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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:

0	V Compliance Questions During the plan year:		Yes	No		Amoun	t	
	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		Amoun	<u> </u>	
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				
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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						
art	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					X Ye	es 📗	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	es X	No
а	(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 granting the waiver. Mont							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b	1			
	Enter the minimum required contribution for this plan year			12D				
d	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 c negative amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	No		N/A
art '								
13a	Has a resolution to terminate the plan been adopted in any plan year?				res X N	lo		
	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 u			ntrol		Ye	es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1:	Bc(1) Name of plan(s):		130	c(2) El	N(s)	13c	(3) PN	l(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	estab	lished.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/17/2013	TED SHAPSES
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

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Internal Revenue Service

Department of Labor

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

							an attachme	ent to Form	DOUU OF	2200-			10/00/-	0.4.0		
For	caler	ndar p	lan year 2011	or fiscal plai	yea	ar beginning 1	2/31/2011				and end	ding	12/30/20	012		
•	Roun	d off	amounts to i	nearest dolla	ır.											
<u> </u>	Cauti	on: A	penalty of \$1	,000 will be a	sse	ssed for late filing of	of this report of	unless reas	onable ca	ause is	s establish	ned.				
A 1	lame	of pla	ın							В	Three-d	igit			000	
TEI) M. S	SHAP	SES & CO., II	NC. DEFINE	BE	NEFIT PLAN					plan nur	•	PN)	•	00′	l
											•		,			
CF	lan s	ponso	or's name as s	shown on line	2a (of Form 5500 or 55	500-SF			D	Employe	r Ident	tification	Number	r (EIN)	
TEI) M. S	HAP	SES & CO., IN	NC.						11-	-2854229					
Εт	ype o	f plan	X Single	Multiple-/	۱Г	Multiple-B	l F	Prior year pla	an size:	X 100	or fewer	П 1	01-500	More	e than 500	
				<u> </u>				,						Ц		
Pa	ırt I	В	asic Inforn	nation												
1	Ente	er the	valuation date	e:	Mo	onth <u>12</u>	Day <u>30</u>	Year _	2012	_						
2	Ass	ets:														
	а	Mark	et value									2	2a			2414406
	b	Actu	arial value									2	2b			2414406
3	Fun		arget/participa						(1) N	Jumha	r of partic	cinants		12) Funding T	arget
	_	•	•			iaries receiving pa	mont	3a	(1)	• dillibo	or partic	лранк	0	,-	y r arialing r	0
	a					0							0			0
	b				nts .			. 30					U			0
	С	For	active particip													
		(1)	Non-vested b	penefits				3c(1)								0
		(2)	Vested bene	fits				3c(2)								2309170
		(3)	Total active.					3c(3)					2			2309170
	d	Tota	l					3d					2			2309170
4	If the	e plar	is in at-risk s	status, check	the t	oox and complete I	ines (a) and (h)		П						
-	_												4a			
	a		0 0	0 0.		oed at-risk assump						-	+ a			
	b					umptions, but disrensecutive years and							4b			
5	Effo					iseculive years and	•						5			3.79 %
																9516
6													6			9510
		•	Enrolled Actu	•	سئلممثا	this askedula and asses					:		d	Fack ====	auib a d a a a	anaa annlind in
	accorda	ince wit	h applicable law a	nd regulations. Ir	my o	n this schedule and accor pinion, each other assum										
	combina	ation, of	fer my best estima	ate of anticipated	exper	ience under the plan.										
S	IGN	I														
Н	ERE	Ε												05/14	/2013	
				Sig	natu	re of actuary								Date		
DON	1ENIC	P. D	'ALISE	3		, , , , , , , , , , , , , , , , , , , ,								11-0		
				Tuna ar	nrin	t name of actually				_		N 4	00t *000			
SCF	\//EIT	7ED	& COMPANY	• •	piiii	t name of actuary						IVI	ost recei		ment numbe	S I
301	VVLII	ZLK	α COMPANT	, LLC						_				631-8	969-2200	
160	ЦОМ/	ELLO	ROAD		Fir	m name					7	Γeleph	one num	nber (ind	cluding area	code)
SUI	E 4															
BAY	SHO	RE, N	IY 11706													
				Δ	ddre	ss of the firm				_						
	actua		s not fully refl	ected any re	gulat	ion or ruling promu	ılgated under	the statute	in comple	eting t	his sched	lule, cl	heck the	box and	d see	

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II Begi	nning of year	carryove	r and	prefunding ba	lances							
							(a) (Carryover balance		(b)	Prefund	ng balan	се
7	, .	0 , ,		•	ustments (line 13 f	•			0				0
8		•	•	Ū	equirement (line 35								
9	Amount remain	ing (line 7 minus li	ne 8)						0				0
10	Interest on line	9 using prior year'	s actual retu	urn of	<u>%</u>								
11	Prior year's exc	cess contributions t	to be added	to prefu	nding balance:								
	a Present val	ue of excess contri	ibutions (line	e 38 fron	n prior year)								0
					3.14 % excep								0
	C Total availab	ole at beginning of c	urrent plan y	ear to ac	ld to prefunding bala	ance							0
	d Portion of (c) to be added to p	refunding b	alance									0
12	Other reduction	s in balances due	to elections	or deen	ned elections				0				0
13	Balance at beg	inning of current ye	ear (line 9 +	line 10	+ line 11d – line 12)			0				0
P	art III Fui	nding percenta	ages										
14	Funding target	attainment percent	tage								14	104	1.55 %
15	Adjusted fundir	ng target attainmen	nt percentag	e							15	104	1.55 %
16								nces may be used t			16	109	0.59 %
17	If the current va	alue of the assets o	of the plan is	s less tha	an 70 percent of the	e funding targ	et, enter s	such percentage			17		%
Pa	art IV Co	ntributions an	d liquidit	y shoi	rtfalls								
18	Contributions n	nade to the plan for	r the plan ye	ear by er	mployer(s) and emp	oloyees:							
/N/	(a) Date IM-DD-YYYY)	(b) Amount p employer			mount paid by employees	(a) Da (MM-DD-Y		(b) Amount pa		(int paid b	y
(10		employer	(3)		employees	(IVIIVI-DD-1	1111)	employer(s	·)		СПР	Оуссз	
						Totals ▶	18(b)		0	18(c)			0
19	Discounted em	plover contribution	s – see inst	ructions	for small plan with	a valuation da		ne beginning of the	vear:		ı		
					quired contributions				19a				0
					· valuation date			-	19b				0
					tribution for current y				19c				0
20		butions and liquidi	-		-			1					
	a Did the plan	have a "funding sh	nortfall" for tl	he prior y	year?							Yes	X No
	b If 20a is "Yes	s," were required q	uarterly inst	allments	for the current yea	ar made in a ti	mely mar	nner?			<u> </u>	Yes	No
					ollowing table as ap							<u> </u>	
			·		lity shortfall as of e		of this pla	n year	, .				
	(1) 1	st		(2)	2nd		(3)	3rd	1		(4) 4tl	1	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get i	normal cost					
21	Disco	ount rate:										
	a Se	egment rates:	1st segment: 1.75%		2nd segment: 4.62%		3rd segment: 5.72 %		N/A, full yield curve used			
	b At	pplicable month	(enter code)					21b	3			
22								22	63			
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu				
		Miscellane	L _		_				···			
24			•		uarial assumptions for the co		•					
												
					an year? If "Yes," see instru							
26			-		Participants? If "Yes," see i			attachment	Yes X No			
27			,		nding rules, enter applicable			27				
	rt VII				ım required contribut							
					years			28	0			
29					I unpaid minimum required o		· · ·	29	0			
30	Rema	aining amount of	funpaid minimum requir	ed con	ntributions (line 28 minus line	29)		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	9516			
	b Excess assets, if applicable, but not greater than 31a											
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment			
	a Ne	et shortfall amort	ization installment					0	0			
	b Wa	aiver amortizatio	on installment					0	0			
33					ter the date of the ruling lette) and the waived amo			33	0			
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0			
		<u></u> -			Carryover balance		Prefunding bala	nce	Total balance			
35			use to offset funding			0		0	0			
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).			I.	36	0			
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	0			
38			ess contributions for curr					1				
					ar (see mandenons)			38a	0			
			•		prefunding and funding star			38b	0			
39					ear (excess, if any, of line 36		-	39	0			
40							,	40	0			
Pa	rt IX				nsion Relief Act of 20			<u>. </u>				
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	rtizati	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	n adjustment					42	<u> </u>			
					d over to future plan years			43				

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

SCHEDULE SB (Form 5500)

Copariment of the Treatury Internal Revenue Service

Department of Labor

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Refirement Income Security Act of 1974 (ERISA) and section 6059 of the

OMB No. 1210-0110

2011

This Form is Open to Public

Pension Senosi Guaranty Corporation		Internal Rever	rue Code (the C	ode).				4 1182		spection
		es an attachm			1 10 or 55	500-5	SF.	ł			•
For calendar plan year 2011 or fiscal p			31/2011		1		and endin	·g		12/3	0/2012
Round off amounts to nearest do		,			i						
Caution: A penalty of \$1,000 will be	assessed for late filln	g of this report	uniess rea	sona	ble caus	se is	establishe	d.			
A Name of plan					E	В	Three-digi	it		\neg	
						-	plan numb) •	.	001
MDE W CURRERS (SO -			50			લવાજી		10000000			
TED M. SHAPSES & CO., I			N		833			X (X C)	nigo (Silvers	00000 00000 00000 00000	i i i i i i i i i i i i i i i i i i i
C Plan sponsore name as shown on lin	ie 2a of Form 5500 or	5500-SF				D 8	Employer la	dentific	etion Nur	nber (E	IN)
TED M. SHAPSES & CO., I	NC.					7	1-2854	220			
470								7			
E Type of plan: X Single Multiple	-A Multiple-B	F	Prior year p	lan si	ze: X	100 c	orfewer	101-	500	More tha	an 500
Part I Basic Information											
1 Enter the valuation date:	Month 12	Day 30	Year	20	12		100000				
2 Assets:		,				**********	***************************************			900-1417	CONTRACTOR OF STREET
a Market value	11394 1811 1911 1911 1911 1911			j				2a	********	protest reserve	2,414,
b Actuarial value				;				2b	+	-	
3 Funding target/participant count br					/st Num		of participa	L		/m) 5	2,414,
a For retired participants and be	aneficieries receiving r	avment	3a		Ta) IACUI	1081	Or part Cip	dras ((2) 10	inding Target
b For terminated vested particip									1		
C For active participants:				300	er Hilli	эхі <u>ў</u> п	MARIA MARIA			(Maryania)	(8.6-12.10)(8002°-2°-1100°-
(1) Non-vested benefits			3c(1)	2.2					10.016.30	000 11612	FIFTIME CONTRACTOR
(2) Vested benefits				800	1480			2:48 1:00			
(3) Total active				90.00		2001.55	2000				2,309,
d Total			3d	1							2,309,
4 If the plan is in at-risk status, check				4				2	on was dead	· · · · · · · · · · · · · · · · · · ·	2,309,
									mu e		
a Funding target disregarding po	escribed at-risk assur	nptions		∤	••••			4a			
b Funding target reflecting at-risk status for fewer than five	k assumptions, but dis	regarding trans	ition rule fo	r pla	ns that h	have	been in	4b			
5 Effective interest rate	e consecutive years a	uo oranedational	1080ing 18	Ctor.	171209-11740						
6 Target normal cost			************	. إد	*******			5			3.79
Statement by Enrolled Actuary								. 6	<u> </u>		9,.
To the best of my knowledge, the information sup- accordance with applicable laward regulations, k cambination, offer my best estimate of anticipated	plied in this schedule and acc n my opinion, each other assi	ompanying schedule	rp, sistements o (laking jako e	end or	einsuriaei 1942 eriji	a, if any	y, is complete of the plan an	UCQU COS	rete, Each s sbie expecie	prescribed elions) am	eilage saw noilgmuese
SIGN (A COL			1							
HERE NOMELLE	A 4/100.	r_		-							
	. A Julis	L				-			05/1	4/201	.3
	gnature of actuary								D	ate	
DOMENIC P. D'ALISE				- ;					11-0	02297	
	print name of actuary	,				-		Most n	ecent en	rollment	number
SCHWEITZER & COMPANY, LLC	:								631) 5		
160 Howells Road	Firm name			T			Tele				g area code)
Suite 4				İ				J	· ionibe: 1	посы	g area code)
Bay Shore		NTV 1276	16								
	ddress of the firm	NY 1170	70	-							
				-					-		
the actuary has not fully reflected any re- estructions	Juiation or ruling promi	ulgated under t	ne statute i	n dar	npleting	this	schedule.	check	the box a	and see	П
or Paperwork Reduction Act Notice an	d OMB Control Numi	bers, son the in	Struction	for	Eores E	KON	or PEAR A	Ċ			
		-1 a a la D			. 0:41 3:	-Sun	or 5500-S	r.	Sch	equie 8	B (Form 5500) 2
											v.012

Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	Pa	art II	Beginning of ye	ar carryov	er and prefunding	balances						
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 9 Amount remaining (line 7 minus line 6) 10 Interest on line 9 using prior year's actual return of \$6 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 36 from prior year) b Interest on (is up using prior year's effective rate of \$3.14 % except as otherwise provided (see instructions) c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or desemed elections 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 14 Funding percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 18 Part IV Contributions and is contributions and is to the plan percent percentage in property of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 19 Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: a Contributions and to the plan for the plan year by employer(s) and employees: (a) Other (b) Amount paid by (c) Amount paid by (m) Amount p	7	Palana					(a)	Carryover balance		(b)	Prefunc	ling halance
8 Portion elected for use to effect prior year's funding requirement (line 35 from prior year) 9 Amount remaining (line 7 minus line 8)		year)	at beginning of prior y	ear after app	licable adjustments (line 1	3 from prior				(2)	Totalic	any balance
Part III Funding procentage 14 104.55 % 106.55 % 17 18 18 100.00 18 19 19 19 19 19 19 19	8	Portion	elected for use to offse	t prior vear's	funding requirement (i	05.6			-0			
9 Amount remaining (line 7 minus line 8). 10 Interest to line 9 using prior year's actual return of %. 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year). b Interest to (a) using prior year's effective rate of 3.14 % except as otherwise provided (see instructions). C Total available at baginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d − line 12). 14 Funding percentages 15 Adjusted funding target attainment percentage. 15 Adjusted funding target attainment percentage. 16 Prior year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) in the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) of employer(s) and employees: (b) Amount paid by employer(s) employer(s) employer(s) employer(s) employer(s) (c) Amount paid by employer(s) (d) Date (b) Amount paid by employer(s) of employer(s) employer(s) (e) Date (c) Amount paid by employer(s) employer(s) (e) Date (c) Amount paid by employer(s) (f) Amount paid by employer(s) (g) Date (g) Amount p		prior yea	ar)	• • • • • • • • • • • • • • • • • • • •					- 1			
10 Interest on line 9 using prior year's actual return of \$\ \\ 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year). b Interest on (a) using prior year's effective rate of \$\ 3.14 \\\ 12 Contributions in balances due to elections or deemed elections. C Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. d Part III Funding percentages 14 Funding target attainment percentage. 15 Adjusted funding target attainment percentage. 16 Prior year's funding regreatement age of purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 18 Contributions made to the plan is less than 70 percent of the funding target, enter such percentage. 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions made to the plan plan is less than 70 percent of the funding target, enter such percentage. 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions made to the plan plan is less than 70 percent of the funding target, enter such percentage. 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions made to the plan plan in the plan year by employee(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (m) Dervery (m) Profuse (m) Pr		Amount	remaining (line 7 minu	s line 8)					0			
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D interest on (a) using prior year's effective rate of 3.14 % except as otherwise provided (see instructions) of Portion of (c) to be added to prefunding balance	11	Prior yea	ar's excess contribution	ns to be adde	d to prefunding balance:							
D interest on (a) using prior year's effective rate of 3.14 % except as otherwise provided (see instructions) of Portion of (c) to be added to prefunding balance		a Pres	ent value of excess co	ntributions (lir	ne 38 from prior year)				ŀ			
Interval was a proper service of the plan is asset of the plan is less than 70 percent of the funding target, enter such percentage. 17 18 109.59 %		D Inter-	est on (a) using prior y wise provided (see ins	ear's effective structions)	rate of3.14 % exc	ept as			T			
d Portion of (c) to be added to prefunding balance. 2 O		C lotal	available at beginning of	f current plan	year to add to prefunding b	alance			-			
Totals Part IV Contributions and liquidity shortfalls 8 Contributions and to plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (c) Amount pai		d Portio	on of (c) to be added to	prefunding b	alance				-			
Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	12	Other red	ductions in balances di	ue to elections	or deemed elections				0			
Part III Funding percentages 14 Funding target attainment percentage	13	Balance	at beginning of current	year (line 9 +	· line 10 + line 11d – line 1	12)						
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 109.59 %	Pa	art III	Funding percer	ntages								0
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 109.59 %	_14	Funding	target attainment perce	entage							4.4	
current year's funding requirement			g target attailiff	ent bercentad	е							104.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	16	Prior yea current ye	r's funding percentage ear's funding requirem	for purposes	of determining whether ca	arryover/prefu	nding balar	nces may be used to	reduce		1000000	104.55 %
18 Contributions and liquidity shortfalls 18 Contributions and to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Date (MM-DD-YYYY) (mm-DD-Y-YYY) (mm-DD-Y-YYY) (mm-DD-Y-YYY) (mm-DD-Y-Y-Y- (17	If the curi	ent value of the assets	of the plan is	loss than 70 named 44						16	109.59 %
Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Pa	rt IV	Contributions	nd liquid:	ness than 70 percent of t	ne funding tar	get, enter s	such percentage			17	%
(a) Date (MM-DD-YYYY) employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amount paid by employer(-		ons made to the plan	for the plane	y snorπalis							
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals To		(a) Date	(b) Amount	paid by								
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Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years						Totals ▶	18(b)		0	18(c)		
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C Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?			ations allocated toward	unpaid minin	num required contribution:	s from prior ve	are	4				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd	~	Continue	mons made to avoid re	estrictions adji	usted to valuation date			4				
a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd		Continbu	tions allocated toward n	ninimum requi	ed contribution for current	year adjusted t	to valuation	date 1	_			
C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd		tuarterry t	contributions and liquid	ity shortfalls:					7			0
C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd	a	Did the	olan have a "funding sl	nortfall" for the	prior year?				Liz.		П	V []
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd		11 200 15	res, were required o	luarterly insta	llments for the current vea	ar made in a ti	mely mann	er?			=	
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd	С	If 20a is	"Yes," see instructions	and complete	e the following table as an	plicable:	,				······∐	Yes No
(1) 13t (2) 2nd (3) 3rd					Liquidity shortfall as of e	nd of quarter	of this plan	year				
(y			1) 131		(2) 2nd					(4	1) 4th	

Pa	art V Assumptions	used to determine fu	unding target and target	normal cost			
21	Discount rate:		and target and target	Hormai Cost			
	a Segment rates:	1 750/		3rd segment		N/A, full yield curve used	
	b Applicable month (enter code)				. 21b	3	
_22	2 Weighted average retirement age				22		
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate				Substit	L 63	
Pa	Part VI Miscellaneous items						
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							
25	Has a method change been made for the gurrent plant and a Killy III						
26	Is the plan required to provide a Schedule of Active Participants? If "Vos." see instructions are all the second of the second o						
27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment					tt Yes X No	
Part VII Reconciliation of unpaid minimum required contributions for prior years							
28	28 Unpaid minimum required contributions for all prior years						
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years				28	0	
30	(line 19a)				30	0	
	Part VIII Minimum required contribution for current year				1 30	0	
31 Target normal cost and excess assets (see instructions):							
	2 Target permel cost (line C)						
	b Excess assets, if applicable, but not greater than 31a				31a	9516	
32	Amortization installments:				31b	9516	
	a Net shortfall amortization installment Outstanding Ba				0	Installment	
	b Waiver amortization installment					0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval				Γ	0	
	(Month Day Year) and the waived amount				33	0	
34	4 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).				34	0	
			Carryover balance	Prefunding balar		Total balance	
35	Balances elected for use to requirement	o offset funding)	0	0	
36	Additional cash requirement (line 34 minus line 35)				36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37	0	
38	Present value of excess contributions for current year (see instructions)						
					38a	0	
	a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0	
40 Unpaid minimum required contributions for all years				40	0		
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)							
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:							
	3 Schedule elected						
	b Eligible plan year(s) for which the election in line 41a was made					2 plus 7 years 15 years	
42	Amount of acceleration adjustment					8 2009 2010 2011	
43	Excess installment acceleration amount to be carried over to future plan years				42		