Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 11/01/2011	1	and ending	10/31/20	012	
A	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)		
С	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC progra	m
	special extension (enter descriptio	n)		_	_	
Ps	Irt II Basic Plan Information—enter all requested informa	,				
	Name of plan	allon		1h -	Three-digit	
	GAN COMPAR ALBANY, INC. EMPLOYEES PENSION TRUST				plan number	
	, , , , , , , , , , , , , , , , , , , ,				(PN) •	001
				1c	Effective date of	•
20	Discourse of the state of the s		ton a stanta a sunta con a la si	Ob. i	07/15/	
2a REA	Plan sponsor's name and address; include room or suite number (er GAN COMPAR ALBANY, INC.	mployer, if	for a single-employer plan)		Employer Identif (EIN) 14-602	
					Sponsor's teleph	
424 F	TOUGH AND			20 \	607-754	
	ECHO LANE COTT, NY 13760			2d [Business code (s	see instructions)
					42360	
	Plan administrator's name and address (if same as plan sponsor, er		3")	3b /	Administrator's E	
REAC	GAN COMPAR ALBANY, INC. 434 ECHO LA ENDICOTT, N			20	14-60	
				3C /	Administrator's to 607-754	elephone number -2171
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN T	
5a	Total number of participants at the beginning of the plan year			- Ou		,
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	e assets?	(See instructions.)			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		•			X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year 153944		(b) End	of Year 171086
a	Total plan assets					0
b	Total plan liabilities	7b	0 153944			171086
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otai
а	Contributions received or receivable from: (1) Employers	8a(1)	1200			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	15942			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				17142
d	Benefits paid (including direct rollovers and insurance premiums	- 55				
	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				
į	Net income (loss) (subtract line 8h from line 8c)	8i				17142
j	Transfers to (from) the plan (see instructions)	8j	0			

_			
Form	EENN	C.E	2011

Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

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			1	-			
0	Duri	ng the plan year:		Yes	No		Ar	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	Χ					81000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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					21928
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						X Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 o	f ERIS	A?	Yes	X No
а	Ìfαν	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	r the minimum required contribution for this plan year			12b				
С		r the amount contributed by the employer to the plan for this plan year			12c				
d		rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	X No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to)				
1		Name of plan(s):		130	c(2) E	EIN(s)		13c(3)	PN(s)
	. , ,				•				. ,
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/08/2013	MICHAEL DUNCAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/08/2013	MICHAEL DUNCAN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Department of Labor

Actuarial Information

Single-Employer Defined Benefit Plan

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachn	nent to For	m 5500 or	5500	·SF.						
Fo	r caler	ndar p	lan year 201	1 or f	iscal plan ye	ear begii	nning 1	1/01/2011				and end	ling	10/31/2	2012			
•	Rour	nd off	amounts to	near	est dollar.													
•	Cauti	ion: A	penalty of \$	31,000) will be ass	essed fo	or late filing o	of this repor	rt unless rea	sonable c	ause i	s establish	ned.					
	Name										В	Three-di	git				004	
RE	AGAN	1 COV	IPAR ALBAI	NY, IN	IC. EMPLO	YEES P	ENSION TR	UST				plan nun	nber	(PN)	•		001	
											_							
			or's name as			a of Forn	n 5500 or 55	00-SF			D	Employer	Iden	itification	Numl	ber (E	EIN)	
KE	AGAN	1 CON	IPAR ALBAN	NY, IN	IC.						14	-6028533						
											<u> </u>		_					
E	Type c	of plan	: X Single		Multiple-A	Multi	ple-B	F	Prior year	olan size:	X 100	or fewer		101-500	М	lore th	nan 500	
Р	art I	В	asic Infor	mat	ion													
1			valuation da			/Ionth _1	11 г	Day01	Yea	2011								
2		ets:	valuation do					<i></i>			_							
_	a		cet value											2a				153925
	b		arial value										_	2b				153925
3																(0) 5		
3		•	arget/particip						0-	(1) [Numbe	er of partic	ipant	0		(2) 1	unding Targ	et 0
	а		retired partic	•			0.,							4				
	b		terminated v			S			3b					1				94150
	С	For	active partici	pants	:													
		(1)	Non-vested	bene	fits													0
		(2)	Vested ben	efits					3c(2)									105800
		(3)	Total active						3c(3)					4				105800
	d	Tota	ıl						3d					5				199950
4	If th	ne plar	n is in at-risk	statu	s, check the	box and	d complete li	ines (a) and	d (b)									
	а	Func	ding target di	srega	rdina presc	ribed at-	risk assumpt	tions						4a				
	b		ding target re	·	٥.		•											
	-		sk status for											4b				
5	Effe	ective	interest rate											5				5.88 %
6	Tar	get no	rmal cost											6				0
Sta	temer	nt by	Enrolled Ac	tuary										1				
	To the I	best of r	my knowledge, th	ne infor	mation supplied	I in this sch	edule and accon	npanying sche	dules, statemer	ts and attachr	ments, if	any, is comp	lete an	d accurate.	Each p	rescrib	ed assumption w	as applied in
			th applicable law ffer my best estin					ption is reasor	nable (taking int	account the	experier	nce of the plar	n and r	easonable	expecta	ations) a	and such other as	ssumptions, in
	SIGN																	
	IERI														07/	01/20)13	
- 1	IEKI										_						710	
CAI	RL SH	AL IT			Signat	ture of a	ctuary									ate	4.4	
CAI	KL SH	ALII									_					I-024 ²		
					Type or pri	int name	of actuary						N	lost rece			ent number	
CAI	RL SH	ALIT	& ASSOCIA	TES							_				97	8-745	5-9939	
05	20110	DEGG	OTDEET O	TE 6		irm nam	е					Т	elepl	hone nur	mber ((includ	ding area cod	de)
	CONG .EM, N		S STREET, S 970	olE 2	02													
			- -															
					Δddr	ess of th	ne firm				_							
	e actuation	-	s not fully re	flecte	d any regula	ation or	ruling promu	llgated und	ler the statu	te in comp	leting	this sched	ule, c	check the	e box a	and s	ee	

Page	2 -	1
2age	Z -	1

Pa	rt II	Begin	ning of year	carryove	er and prefunding ba	lances						
							(a)	Carryover balance		(b) F	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			0
8	Portion	elected f	or use to offset pr	ior year's fu	unding requirement (line 35	from						
									0			0
9									0			0
10					urn of5.09%				0			0
11	•				I to prefunding balance:							
				,	e 38 from prior year)				_			0
					rate of6.39_% excep							0
	C Tota	l available	e at beginning of c	urrent plan y	ear to add to prefunding bala	ance						0
	d Port	ion of (c)	to be added to p	refunding b	alance							0
12 Other reductions in balances due to elections or deemed elections										0		
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12				0			0
Pa	art III	Fun	ding percenta	ages								
14	Funding	g target a	ttainment percent	age							14	76.98 %
15 Adjusted funding target attainment percentage										15	76.98 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									86.06 %			
17	If the cu	rrent val	ue of the assets of	f the plan is	s less than 70 percent of the	e funding ta	ırget, enter	such percentage			17	%
Pá	art IV	Con	tributions an	d liauidit	tv shortfalls					•	•	
				•	ear by employer(s) and em	ployees:						
	(a) Date M-DD-Y	е	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount p employer		(0		nt paid by byees
07	/31/2012			100	0	01/31/2	013		100			0
08	/31/2012			100	0	02/28/2	013		100			0
09	/28/2012			100	0	03/28/2	013		100			0
10	/31/2012			100	0	04/30/2	013		100			0
11.	/30/2012			100	0	05/31/2	013		100			0
12	/31/2012			100	0	06/29/2	013		100			0
		•		·		Totals >	18(b))	1200	18(c)		
19	Discour	ited emp	loyer contribution	s – see inst	ructions for small plan with	a valuation	date after	the beginning of th	e year:			
	a Contr	ributions	allocated toward	unpaid mini	imum required contributions	s from prior	years		19a			978
	b Contr	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20	Quarter	ly contrib	outions and liquidi	ty shortfalls	:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for tl	he prior year?						X	Yes No
	b If 20a	a is "Yes,	" were required q	uarterly inst	tallments for the current yea	ar made in a	a timely ma	anner?			<u> </u>	Yes X No
	C If 20a	ı is "Yes,	" see instructions	and comple	ete the following table as ap	oplicable:						
					Liquidity shortfall as of e		er of this p	lan year				
		(1) 1s			(2) 2nd	0	(3)	3rd	0		(4) 4th	
			0			0			0			0

Pa	rt V	Assumptio	ns used to determine t	unding target and tar	rget r	normal cost						
21	Disco	ount rate:										
	a S	egment rates:	1st segment: 2.01%	2nd segment: 5.16%		3rd segment: 6.28 %		N/A, full yield	curve	used		
	b A	pplicable month	(enter code)				21b			0		
22	Weigl	hted average ret	tirement age				22			65		
23		ality table(s) (see		escribed - combined		scribed - separate	Substitut	te				
			,									
	rt VI	Miscellane										
24		=	nade in the non-prescribed act			-		· · · ·	Yes	X No		
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	uctions	regarding required attac	chment		Yes	X No		
26			provide a Schedule of Active				attachment	X	Yes	No		
27			or (and is using) alternative fu	•			27					
Pa	rt VII	Reconcilia	ation of unpaid minimu	ım required contribut	tions	for prior years	1					
28	Unpa	id minimum requ	uired contributions for all prior	years			. 28			15625		
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)									978		
30	Rema	aining amount of	funpaid minimum required cor	ntributions (line 28 minus line	e 29)		30			14647		
Pa	Part VIII Minimum required contribution for current year											
31	Targe	et normal cost a	nd excess assets (see instruct	ions):								
	a Target normal cost (line 6)											
b Excess assets, if applicable, but not greater than 31a										0		
32 Amortization installments: Outstanding Bala								Installm	ent			
	a Ne	et shortfall amort	ization installment				46025			8963		
	b W	aiver amortizatio	on installment				0			0		
33			approved for this plan year, en Day Year		-	•	33					
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34			8963		
				Carryover balance		Prefunding bala	nce	Total bala	ance			
35	Polor	and cloated for	use to offset funding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3						
	requi	rement			0		0			0		
36	Addit	ional cash requir	rement (line 34 minus line 35)				. 36			8963		
37			ed toward minimum required o				37			0		
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)			I					
			ny, of line 37 over line 36)				. 38a			0		
							38b			0		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)										8963		
40								23610				
	rt IX		funding relief under Pe				40					
41	If a sh	nortfall amortizati	ion base is being amortized po	ursuant to an alternative amo	ortizati	on schedule:						
	a Sch	nedule elected						2 plus 7 years	15 y	ears		
	b Elig	gible plan year(s)) for which the election in line	41a was made	······		200	8 2009 2010		2011		
42	Amou	nt of acceleratio	n adjustment				42					
43	Exces	ss installment ac	celeration amount to be carrie	d over to future plan years			43					

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall		11/01/2008	2.01 / 0.00	33,361	7.00	21,917	4.00	5,644
Shortfall		11/01/2009	2.01 / 5.16	-13,352	7.00	-10,835	5.00	-2,254
Shortfall		11/01/2010	2.01 / 5.16	2,496	7.00	2,273	6.00	407
Shortfall		11/01/2011	2.01 / 5.16	32,670	7.00	32,670	7.00	5,166
Totals	Shortfall					46,025		8,963

Name of Plan:

Reagan Compar Albany, Inc. Employees Pension Trust

Plan Sponsor's EIN:

14-6028533

Plan Number:

001

Schedule SB - Part V - Summary of Plan Provisions

Employer	and	Plan	Data
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J	
Initial effective date	07/15/1959
Plan year begins	11/01/2011
Plan year ends	10/31/2012
Valuation date	11/01/2011

Eligibility Requirements

Waiting period (mos)	6
Minimum age	21
Minimum age (mos)	0

Normal Retirement

Minimum age		65
Minimum years of service		0
Minimum years of participation		5
Dating and Jaka	70.1	

Retirement date Plan year start nearest

Benefits

Pension Formula:	Benefit formula
Type of Formula:	Unit benefit non-integrated

Effective Date: 11/01/2004

Effective Date. 11/01/2004

Unit type:	Percent
Unit based on:	Participation
Maximum total percent:	0.00%
Tiers based on:	None

First tier: 1.20% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 99
Future years: 99
Total years: 25

Vesting

Primary	Secondary
Vesting Schedule	Vesting Schedule
3 year cliff	N/A

Name of Plan: Reagan Compar Albany, Inc. Employees Pension Trust

Plan Sponsor's EIN: 14-6028533

Plan Number:

001

Plan Sponsor's Name:

Reagan Compar Albany, Inc.

Schedule SB - line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement age are assumed to retire at the end of the plan year.

Name of Plan:

Reagan Compar Albany, Inc. Employees Pension Trust

Plan Sponsor's EIN:

14-6028533

Plan Number:

001

Plan Sponsor's Name:

Reagan Compar Albany, Inc.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

OMB No. 1210-0110

This Form is Open to Public

Employee Benefits Security Administration	Internal Reven	iue Code (th	ne Code).				ris Open to rubilc
Pension Benefit Guaranty Corporation	▶ File as an attachme	ent to Form	5500 or 55	00-SF.			
For calendar plan year 2011 or fiscal pl	*			and endi	ng	10/31/2	2012
Round off amounts to nearest do	llar.						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reas	onable caus	se is establishe	ed.		
A Name of plan			E	3 Three-dig	it		
REAGAN COMPAR ALBANY,	INC. EMPLOYEES PENSION	TRUST		plan num	ber (PN)	>	001
C Plan sponsor's name as shown on lii	70 22 of Form 5500 or 5500 SE		l F	\	J 4: C	# - N - 1 - /	- N N
Triali sponsor s hame as shown on m	le 2a of Foliff 5500 of 5500-5F			∠ Employer i	dentifica	ition Number (EIN)
REAGAN COMPAR ALBANY,	INC.		1	L4-602853	3		
E Type of plan: X Single Multiple	e-A Multiple-B	Prior year pla	an size: X	100 or fewer	101-5	500 More t	nan 500
Part I Basic Information		**************************************					
1 Enter the valuation date:	Month 11 Day 01	Year	2011				
2 Assets:							
a Market value					. 2a		15392!
b Actuarial value					. 2b		15392!
3 Funding target/participant count bi	reakdown:		(1) Num	nber of particip	ants	(2)	unding Target
a For retired participants and b	eneficiaries receiving payment	3a			C		
b For terminated vested particip	pants	3b			1		9415
c For active participants:							
(1) Non-vested benefits		3c(1)					
(2) Vested benefits		3c(2)					10580
(3) Total active		3c(3)			4		10580
d Total		3d			5		199950
4 If the plan is in at-risk status, check	k the box and complete lines (a) and (b)					
a Funding target disregarding p	rescribed at-risk assumptions				. 4a		
	sk assumptions, but disregarding trans ve consecutive years and disregarding				4b		
					. 5		5.88%
					. 6		
Statement by Enrolled Actuary							
accordance with applicable law and regulations. combination, offer my best estimate of anticipate	pplied in this schedule and accompanying schedule in my opinion, each other assumption is reasonable	es, statements a le (taking into a	and attachments scount the expe	s, if any, is complet rience of the plan a	e and accu ind reasons	rate. Each prescrib able expectations) a	ed assumption was applied in and such other assumptions, ir
**************************************	d experience under the prair.						
SIGN	. 12/1	/ T	de right			0=/0=/0	
HERE (- Michael V	***************************************			07/01/20)13
	ignature of actuary					Date	
CARL SHALIT					· · · · · · · · · · · · · · · · · · ·	110241	4
Type o CARL SHALIT & ASSOCIATES	or print name of actuary					ecent enrollme 978-745-9	
	Firm name			Tel	ephone	number (inclu	ding area code)
5 CONGRESS STREET, STE	202						
SALEM MA 01	.970						
	Address of the firm						
f the actuary has not fully reflected any re	egulation or ruling promulgated under	the statute i	n completing	a this schedule	e check	the box and s	ее П
at a street and the street and to the street		5.4440	completing	5 CONCUUN	, oncon	and box and s	~~ <u> </u>

7	Relence at hea		er and prefunding balance cable adjustments (line 13 from pri	(a)	Carryover balance	(b) Prefun	ding balance
	year)	y or prior year after appli	cable adjustments (line 13 from pri	ior	0		
8	Portion elected prior year)	for use to offset prior year's fi	unding requirement (line 35 from		0		
9			* < < 1 × 5 × 5 × 5 × 6 × 6 × 6 × 6 × 6 × 6 × 6	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0		
10	Interest on line	9 using prior year's actual ret	urn of 5.09%		0		
11	Prior year's exc	ess contributions to be added	to prefunding balance:			1 Co. 1	
	a Present valu	ue of excess contributions (line	e 38 from prior year)		The property of the state of th	SELECTION CHAINS	
	b Interest on (otherwise pr	a) using prior year's effective rovided (see instructions)	rate of 6.39% except as	A PASSA A NACO			
			ear to add to prefunding balance	LINE STREET, S			
			alance				
12			or deemed elections		0		
13	Balance at begi	nning of current year (line 9 +	line 10 + line 11d - line 12)		0		
Р	art III Fun	ding percentages					
14	Funding target a	attainment percentage	/*************************************	***************	**********************	14	76.989
15	Adjusted funding	g target attainment percentag		****************	**************************************	15	76.989
16	current year's fu	inding requirement	of determining whether carryover/p		~ ********************************	16	86.06%
17	If the current val	ue of the assets of the plan is	less than 70 percent of the fundin	g target, enter s	uch percentage	17	9
Maria (1991)		tributions and liquidit					
18			ar by employer(s) and employees:				
(M	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)		(a) Date I-DD-YYYY)	(b) Amount paid by	1	unt paid by
MINISTER STATE	7/31/2012	100	Comproyees (MIV)		employer(s)	emp	loyees
	3/31/2012	100					in the state of th
	/28/2012	100					
10	/31/2012	100					
11	/30/2012	100					
12	/31/2012	100					Managementalis Listain makin maken m
01	/31/2013	100		***************************************			
02	/28/2013	100					
03	/28/2013	100					
W				1			
	/30/2013	100					· · · · · · · · · · · · · · · · · · ·
04	/30/2013 /31/2013	100					
04 05							
04 05	/31/2013	100					
04 05	/31/2013	100					
04 05	/31/2013	100	Totals	► 18(b)	1200	18(c)	
04 05, 06,	/31/2013 /29/2013	100	Totals ctions for small plan with a valuation			18(c)	
04 05 06	/31/2013 /29/2013 Discounted emplo	100 100 pyer contributions – see instru	ctions for small plan with a valuation um required contributions from pri	on date after the	beginning of the year:	18(c)	
04 05 06	/31/2013 /29/2013 Discounted emplo	100 100 pyer contributions – see instru	ctions for small plan with a valuation	on date after the	beginning of the year:	18(c)	978
04 05. 06.	/31/2013 /29/2013 Discounted emploa Contributions a	100 100 pyer contributions – see instruillocated toward unpaid minimade to avoid restrictions adju	ctions for small plan with a valuation um required contributions from pri	on date after the	beginning of the year: 19a 19b	18(c)	978
04 05, 06,	/31/2013 /29/2013 Discounted emplo a Contributions a b Contributions al	100 100 pyer contributions – see instruillocated toward unpaid minimade to avoid restrictions adju	ctions for small plan with a valuation um required contributions from pri- sted to valuation date	on date after the	beginning of the year: 19a 19b	18(c)	978
04 05, 06,	/31/2013 /29/2013 Discounted emplorations at Contributions all Quarterly contributions	200 200 200 200 200 200 200 200 200 200	ctions for small plan with a valuation um required contributions from pri- sted to valuation date	on date after the or years	beginning of the year: 19a 19b ate 19c		978
04 05, 06,	/31/2013 /29/2013 Discounted emplora Contributions at Contributions all Quarterly contributions all Quarterly contributions and Did the plan harmonic Contributions all Quarterly contributions all Did the plan harmonic Contributions all Quarterly contributions all Did the plan harmonic Contributions all Did the Did t	200 200 200 200 200 200 200 200 200 200	ctions for small plan with a valuation to required contributions from priested to valuation date and contribution for current year adjus	on date after the or years	beginning of the year: 19a 19b ate 19c	[X]	978
04 05 06,	Discounted emplorations at Contributions at Contributions at Quarterly contributions at Did the plan has buff 20a is "Yes,"	200 200 200 200 200 200 200 200 200 200	ctions for small plan with a valuation um required contributions from prints sted to valuation date and contribution for current year adjus prior year?	on date after the or years	beginning of the year: 19a 19b ate 19c	[X]	978 ((Yes
04 05 06,	Discounted emplorations at Contributions at Contributions at Quarterly contributions at Did the plan has buff 20a is "Yes,"	pyer contributions – see instructions and liquidity shortfalls: ve a "funding shortfall" for the were required quarterly install see instructions and complete	ctions for small plan with a valuation um required contributions from pri sted to valuation date ed contribution for current year adjus prior year? ments for the current year made in	on date after the or yearsted to valuation o	beginning of the year: 19a 19b ate 19c	[X]	<u></u>

Tell Policount rate: 1st segment 2rd segment 2rd segment 2rd segment 2.01% 2rd segment 2rd seg	Pa	rt V Assumption	s used to determine	funding target and ta	arget normal cost					
Decide		MATERIAL STATE OF THE STATE OF								
22 Weighted average retirement age		a Segment rates:					∏ N/A,	full yield o	urve u	sed
23 Montatily table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute		b Applicable month (e	enter code)			21b				(
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.	22	Weighted average retir	rement age			22				65
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23	Mortality table(s) (see	instructions) X Pr	escribed - combined	Prescribed - separate	Substit	ute			
Yes No	Pa	rt VI Miscellaneo	us items							
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	24	-	•	·			0 0	٠	Yes X	No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions 27	25	Has a method change	been made for the current p	lan year? If "Yes," see inst	ructions regarding required atta	achment			Yes X	No
Part VIII Reconciliation of unpaid minimum required contributions for prior years 8 Unpaid minimum required contributions for all prior years 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 part VIII Minimum required contributions (line 28 minus line 29) 30 14647 Part VIII Minimum required contribution for current year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6) 31a 31b 0 0 b Excess assets, if applicable, but not greater than 31a 31b 0 0 32 Amortization installments 46025 8963	26	Is the plan required to p	provide a Schedule of Active	Participants? If "Yes," see	e instructions regarding require	d attachmer	nt	X `	Yes	No
28	27					. 27				
29 20 20 20 20 20 20 20	Pa	ırt VII Reconciliat	tion of unpaid minim	um required contribu	itions for prior years					
(line 19a)	28	Unpaid minimum requi	red contributions for all prior	years		28			1	5625
Part VIII Minimum required contribution for current year	29					29				978
31 Target normal cost and excess assets (see instructions): 2 a Target normal cost (line 6) 31a 31b	30	Remaining amount of u	unpaid minimum required co	ntributions (line 28 minus li	ne 29)	30			1	4647
a Target normal cost (line 6)	Pa	rt VIII Minimum re	equired contribution	for current year						
Description Secription Secription Secription Secription Secription Secription Secription Secription Secreption Secription Secription Secription Secription Secreption Secription S	31	Target normal cost and	d excess assets (see instruc	tions):						
Amortization installments: a Net shortfall amortization installment		a Target normal cost (I	line 6)			31a				C
a Net shortfall amortization installment		b Excess assets, if ap	plicable, but not greater than	า 31a		31b				C
b Waiver amortization installment	32	Amortization installmen	nts:		Outstanding Ba	lance		Installme	nt	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amortiz	ation installment			46025				8963
Month Day Year) and the waived amount 33 34 8963		b Waiver amortization	installment			0				(
Carryover balance Prefunding balare Total balance	33					33				(
Balances elected for use to offset funding requirement	34	Total funding requirement	ent before reflecting carryove	er/prefunding balances (line	es 31a - 31b + 32a + 32b - 33)	34				8963
requirement				Carryover balance	Prefunding bal	ance	Т	otal balar	nce	H-1-1
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	35		•		0	0				C
(line 19c)	36	Additional cash require	ment (line 34 minus line 35)			36				8963
a Total (excess, if any, of line 37 over line 36)	37					37				C
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38	Present value of excess	s contributions for current ye	ear (see instructions)						
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 8963 40 Unpaid minimum required contributions for all years 40 23610 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: a Schedule elected 2010 (see instructions) b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42		a Total (excess, if any,	, of line 37 over line 36)			38a				0
40 Unpaid minimum required contributions for all years	m	b Portion included in li	ine 38a attributable to use of	f prefunding and funding sta	andard carryover balances	38b				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: a Schedule elected	39	Unpaid minimum requir	red contribution for current y	ear (excess, if any, of line 3	36 over line 37)	39				8963
41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: a Schedule elected	40	Unpaid minimum requir	red contributions for all years	3		40			2	3610
a Schedule elected	Pa	rt IX Pension fu	ınding relief under Pe	ension Relief Act of 2	2010 (see instructions)					
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42	41	If a shortfall amortization	n base is being amortized pu	ursuant to an alternative an	nortization schedule:					
b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42		a Schedule elected				Г	2 plus 7 ye	ars	15 yea	ırs
42 Amount of acceleration adjustment		b Eligible plan year(s) f	for which the election in line	41a was made						
	42						<u> </u>			
43 Excess installment acceleration amount to be carried over to future plan years						. 43				

Schedule SB, Part V - Statement of Actuarial Assumptions

Actuarial Asset Valuation Method:

Market

Pre-retirement mortality:

None

Pre-retirement turnover:

None

Expected increase in compensation:

0.00%

Lump sum Election Percentage:

100.00%

Name of Plan:

Reagan Compar Albany, Inc. Emp

Plan Sponsor's EIN:

14-6028533

Plan Number:

001

Plan Sponsor's Name:

Reagan Compar Albany, Inc.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Under 1		1 To 4		5 To 9	101	0 To 14	15.	15 To 19	20	20 To 24	25	25 To 29	30	30 To 34	35	35 To 39	40	40 & Up
\dashv	No.	Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	Z o	Avg. Comp	S.	Avg. Comp	Z	Avg.
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Name of plan: Reagan Compar Albany, Inc. Employees Pension Trust Plan sponsor's name: Reagan Compar Albany, Inc.

001 14-6028533

Plan number: EIN: