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

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instru	ctions to the Form 550	JU-3F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	<u>2012</u>	and ending	12/31/2	2012 	
Α	This retu	urn/report is for:	a single-employer plan	吕 ' ' '	lan (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths))	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter desc	ription)				
Pa	art II	Basic Plan Info	rmation—enter all requested inf	ormation				
	Name of	•				1b	Three-digit	
BARI	BARA E	. FRANCO, C.P.A., P.	C. PENSION PLAN TRUST				plan number	000
						10	(PN)	003
						10	Effective date o	•
2a	Plan sr	oonsor's name and add	dress; include room or suite numb	er (employer if for a single	-employer plan)	2h	Employer Identi	
		E. FRANCO, C.P.A., P.		or (omployor, in for a omigio	omployor plany			57172
						2c	Sponsor's telep	hone number
3601	HEMPS	STEAD TURNPIKE					516-520	
LEVI	TTOWN	I, NY 11756				2d	Business code (see instructions)
							54121	1
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plai	n Sponsor Address	3b	Administrator's	EIN
						30	Administrator's	telephone number
						30	Administrators	lelephone number
4			e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN	
а		EIN, and the plan nun or's name	nber from the last return/report.			4c	PN	
			at the beginning of the plan year			5a	<u> </u>	2
b			at the end of the plan year			5b		2
C			account balances as of the end of			30		
						. 5c		
6a			during the plan year invested in e					X Yes No
b			the annual examination and repor					X Yes □ No
			? (See instructions on waiver eligib					X Yes No
Car			or incomplete filing of this return					
			ner penalties set forth in the instruc					able a Schedule
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary, a					
beli	ef, it is t	rue, correct, and comp	olete.					
SIG	:N	Filed with authorized/v	valid electronic signature.	10/03/2013	BARBARA FRANCO	CPA		
HE		Signature of plan a		Date	Enter name of individ		ning as plan adr	ninistrator
SIG	· NI	Orginatare or planta		Bato	Enter name of marvie	addi oig	griirig do piair dan	minotrator
HE		Signature of employ	vor/nlan enoncor	Date	Enter name of individ	dual cic	rning as amplaya	r or plan spansor
Pre	parer's i		ame, if applicable) and address; ir					number (optional)
	,	· (· · · · · · · · · · · · · · · · · ·	,,		V 1 · · · · · /			() [

Form 5500-SF 2012 Page **2**

D-	ut III Financial Information									
Pa	rt III Financial Information		/ / / / / / / / / / / / / / / / / / / /		\top					
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End o			
<u>а</u>	Total plan assets	7a 	95108		-			1120		
	Total plan liabilities	7b _		0	-				0	
	Net plan assets (subtract line 7b from line 7a)	7c	95108	85				1120	960	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from: (1) Employers	8a(1)	7000	0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	11144							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						181	1/13	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				101	110	
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
-		8f	1156							
	Administrative service providers (salaries, fees, commissions)									
<u>g</u> h	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g		0				4.4	500	
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							568	
÷	Net income (loss) (subtract line 8h from line 8c)	8i		_				169	875	
		8j		0						
	rt IV Plan Characteristics	f t	de a franciska L'at at BlaccOhan				the Continue			
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	reature co	des from the list of Plan Char	acteris	STIC CO	oaes in	the instruct	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:		
D = ==	(V 0 - 0 0 0 0 0 0 0 0 - 0									
Par					V		l			
10	During the plan year:	41 a.a.a itla 1:			Yes	No	4	Amour	ıt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X				1	13000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X				
	instructions.)			10e		.				
f	Has the plan failed to provide any benefit when due under the plan	n?								
				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f 10g		X				
g h		s of year e	end.)							
— <u>.</u>	If this is an individual account plan, was there a blackout period? (2520.101-3.)	s of year e	uctions and 29 CFR	10g 10h						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	s of year e	uctions and 29 CFR	10g						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	s of year e	d notice or one of the	10g 10h 10i		X dule SE		× ×	es 「] No
h i Part	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e (See instru- ne required 1-3	end.)	10g 10h 10i		X dule SE		X Y	es [No
h i Part 11	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exceptions to provide the exception to provide the exc	s of year e (See instru- 	d notice or one of the Yes," see instructions and com	10g 10h 10i		X dule SE				
h i Part	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) I Enter the amount from Schedule SB line 39	s of year e	end.)	10g 10h 10i		X dule SE			es [No No
Part 11 11a 12	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (2 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	s of year e (See instru- ne required 1-3 ents? (If "' requirement as application	end.)	10g 10h 10i nplete	ction	dule SE 11a 302 of	ERISA?	Y e letter	es)	No
11 11a 12 a	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (2 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	s of year e (See instru- ne required 1-3 ents? (If "' requirement as application	end.)	10g 10h 10i nplete	ction	X dule SE	ERISA?	Y	es)	No
Part 11 11a 12 a	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (2 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	e MB (For	end.)	10g 10h 10i nplete or se	ction	dule SE 11a 302 of	ERISA?	Y e letter	es)	No

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			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	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 "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

						<u> </u>	File as an	attacnmer	nt to Form	5500 or	5500-	SF.							
Fo	r calendar	plar	year 2012	2 or fi	scal plan ye	ear beginnin	g 01/0	01/2012				and end	ding	12/31/2	2012				
•	Round of	ff an	nounts to	near	est dollar.														
•	Caution:	Ар	enalty of \$1	1,000	will be ass	essed for lat	te filing of the	his report u	nless reaso	onable ca	ause is	s establis	hed.						
	Name of p RBARA E		ANCO, C.F	P.A.,	P.C. PENS	ION PLAN T	RUST				В	Three-d	•	r (PN)	•		(003	
												piarria		(114)	<u> </u>				
C	Plan enon	eor's	name as i	chow	n on line 2s	a of Form 550	00 or 5500	-SE			D	Employe	r Ida	ntification	n Niu	mhar (EINI)		
			ANCO, C.F			3 01 1 01111 330	00 01 3300	-01				-3257172		nuncation	TINU	ilibei (LIIV)		
E	Type of pla	n:	X Single		Multiple-A	Multiple-E	В	F P	rior year pla	n size:	100	or fewer		101-500		More t	han 500)	
Р	art I	3as	ic Inform	mati	on														
1			luation dat			Month 12	Da	v 31	Year	2012									
2	Assets:							,											
	a Marke	et va	lue											2a					1050960
	b Actua	rial	value											2b					1050960
3	Funding	targ	get/particip	ant c	ount break	down:				(1) N	lumbe	r of partic	cipar	nts		(2)	Funding	g Targe	t
	a For re	tire	d participar	nts an	d beneficia	ries receivin	ig payment		3a	,		<u> </u>	•	0		. ,	`	<u>, , , , , , , , , , , , , , , , , , , </u>	0
	b For te	ermir	nated veste	ed pa	rticipants				3b					0					0
	C For a	ctive	participan	its:				L											
	(1)	Ν	on-vested	benet	fits				3c(1)										0
	(2)	V	ested bene	efits					3c(2)										1015190
	(3)	Т	otal active.						3c(3)					2					1015190
	d Total								3d					2					1015190
4	If the pla	an is	in at-risk s	status	, check the	box and cor	mplete line	s (a) and (b	o)		П.								
	a Fundi	ng t	arget disre	gardii	ng prescrib	ed at-risk as:	sumptions							4a					
						imptions, but								4b					
5														5					4.67 %
6	Target r	norm	al cost											6					2177
Sta	To the best of accordance v	f my l	pplicable law a	e inforn and reg	ulations. In my	I in this schedule opinion, each ot erience under the	ther assumptio												
	SIGN HERE														0	9/12/2	013		
					Signat	ture of actua	ıry				_					Date			
MIC	HAEL FR	ANK			· ·											11-024	140		
					Type or pri	int name of a	actuary							Most rece	ent e	nrollm	ent nun	nber	
MIC	HAEL FR	ANK	, FSA				•								2	212-56	7-1464		
					F	irm name					_	-	Telep	ohone nu					e)
) ARDEN (W YORK,																-		
					Addr	ess of the fir	rm				_								
		nas r	not fully ref	lecte	d any regula	ation or ruling	g promulga	ated under	the statute	in comple	eting t	his sched	dule,	check th	e bo	x and	see		
instr	uctions																		ш

Page 2	-	
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Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	ces						
							(a) (Carryover balance)	(b)	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f				0			44925
8			•	-	unding requirement (line 35				0			0
9	Amount	t remainir	ng (line 7 minus lir	ne 8)					0			44925
10	Interest	on line 9	using prior year's	actual ret	urn of <u>-2.25</u> %				0			-1011
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding balance:							
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)							24869
					nterest rate of							1391
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						26260
	d Portion	on of (c)	to be added to pre	funding ba	lance							26190
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			1321
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			0			68783
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	96.43 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	109.93 %
16					of determining whether car						16	85.94 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount p employer		(c) Amou emplo	nt paid by byees
06	6/14/2013	3		5000	0							
06	5/21/2013	3		5000	0							
07	7/02/2013	3		5000	0							
30	3/08/2013	3		7000	0							
09	9/09/2013	3		20000	0							
09	9/10/2013	3		28000	0							
						Totals ►	18(b)		70000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of th				
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0
	b Contr	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b			0
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	to valuation	n date	19c			67452
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:						_	
	a Did th	he plan h	ave a "funding sh	ortfall" for t	he prior year?						X	Yes No
	b If line	20a is "	Yes," were require	ed quarterly	installments for the curren	t year made	in a timely	manner?				Yes X No
	C If line	20a is "`	Yes," see instructi	ons and co	mplete the following table a							
		(4)			Liquidity shortfall as of e	nd of quarte		- ·			(4)	
		(1) 1s	ST		(2) 2nd		(3)	3rd			(4) 4th	!

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Disco	unt rate:										
	a Seg	gment rates:	1st segment: 1.77%	2nd segment: 4.67%	3rd segment: 5.78 %		N/A, full y	/ield cu	irve us	sed		
	b App	olicable month (enter code)			21b				4		
22	Weigh	nted average ret	tirement age			. 22				64		
23	Mortal	lity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24		-		tuarial assumptions for the current					es X	No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		\ \ Y	es X	No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t	Y	es X	No		
27		•	•	ter applicable code and see instruc	ctions regarding	27			<u> </u>			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years							
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0		
29				d unpaid minimum required contrib		29				0		
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year								
31	Targe	et normal cost a	nd excess assets (see instruct	ions):								
	a Targ	et normal cost	(line 6)			. 31a				2177		
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0		
32	Amort	ization installme	stallments: Outstanding Balance Installment									
	a Net	shortfall amorti	zation installment			36225			1	14366		
	b Wai	ver amortization	n installment			0				0		
33				ter the date of the ruling letter grange) and the waived amount	0	33						
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			1	16543		
				Carryover balance	Prefunding bala	nce	Tota	l baland	се			
35			use to offset funding	(0				0		
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36			1	6543		
37			•	ontribution for current year adjuste		37			6	7452		
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)								
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a			ţ	50909		
	b Port	tion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	38b				0		
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0		
40	Unpai	d minimum requ	uired contributions for all years	S		40				0		
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)						
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:				_				
	a Sch	edule elected					2 plus 7 years	<u>_</u> 1	5 yea	rs		
	b Eligi	ible plan year(s) for which the election in line	41a was made				2010	201			
42			•			42	<u> </u>					
				d over to future plan years		43						

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	For Funding Min Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 1.77% 1.77%	Seg 1 1.13%	Pre-Retirement 2.77%
	Seg 2 4.67% 4.67%	Seg 2 3.71%	Post-Retirement 2.77%
	Seg 3 5.78% 5.78%	Seg 3 4.52%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement			
Mortality	2012 Applicable Mortality Table from Rev Rul 2006-67	2012 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form l	For Funding	Lump Sum	
Calculated Effective Int	erest Rate	4.67%	

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Republi Current Comment

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

	eni Guaranty Corporation	▶ Complete all entries in ac	cordano	e with the instruct	ions to the Form 550	0-SF.	,,,,	spection	
Part I	Annual Report	Identification Information							
		iscal plan year beginning	01/0	1/2012	and ending		12/31/201	2	
A This return B This return	rn/report is for: rn/report is:	a single-employer planthe first return/report	H	ultiple-employer pla final return/report	n (not multiemployer)		a one-partici	pant plan	
		an amended return/report	∏a sh	ort plan year return/	report (less than 12 m	onths)			
C Check bo	x if filing under:	Form 5558	\equiv	omatic extension		,	DFVC progra	am	
		special extension (enter descr	ription)						
Part II	Basic Plan Info	ormation—enter all requested inf	omation						
1a Name of	f plan	C.P.A., P.C. Pension				1b	Three-digit plan number (PN)	003	
							Effective date of		
2a Plan spo Barbara	E. Franco,	ddress; include room or suite numbe C.P.A., P.C.	er (emplo	oyer, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 11-325		er
3601 HE	MPSTEAD TURN	PIKE				2c	Sponsor's telep 516-520-4		1
LEVITTO		NY 11756				2d	Business code 541211	(see instruction	ins)
3a Plan adr	ministrator's name a	nd address XSame as Plan Spons	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN	
						Зс	Administrator's	telephone nu	mber
4 If the na	ame and/or EIN of the	ne plan sponsor has changed since	the last r	return/report filed for	r this plan, enter the	4b	EIN		
		umber from the last return/report.				Ar	PN		
a Sponso		s at the beginning of the plan year.							2
									2
c Numbe	er of participants with	s at the end of the plan year n account balances as of the end of	the plan	year (defined benef	fit plans do not				
6a Were a	all of the plan's asset u claiming a waiver 29 CFR 2520 104-4	ets during the plan year invested in o of the annual examination and repo 6? (See instructions on waiver eligit either line 6a or line 6b, the plan	eligible a ort of an in bility and	ssets? (See instruct ndependent qualified conditions.)	ions.) d public accountant (10	 QPA)	***************************************	X Yes	No
Courtles A	answered to to	or incomplete filing of this return	m/report	will be assessed t	unless reasonable ca	use is	established.		
Under pena SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary,	entione I	declare that I have	examined this return/re	eport. i	ncluding, if appli	icable, a Sche ny knowledge	dule and
SIGN	Darler	E Sem	V	10/2/13 1	Barbara Franc	_		des interestes	_
HERE	Signature of plan	administrator		Date	Enter name of indivi	idual s	igning as plan a	uministrator	
SIGN	Signature of emi	oloyer/plan sponsor		Date	Enter name of indiv	idual s	igning as emplo	yer or plan sp	onsor
Preparer's	name (including fim	n name, if applicable) and address;	include r	oom or suite numbe	er (optional)	Pre	eparer's telephor	ne number (op	uonal)
For Panery	vork Reduction Act N	otice and OMB Control Numbers, see	the instru	actions for Form 5500	-SF.			Form 5500-5	F (2012

	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End of Year
а	Total plan assets	7a		51089	5		1120960
b	Total plan liabilities	7b		(0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	95	51085	5		1120960
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:		-	7000			
-	(1) Employers	8a(1)		7000			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)		(1.4.4.5	0		
	Other income (loss)	8b		11443	3		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					181443
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		(0		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		(0		
f_	Administrative service providers (salaries, fees, commissions)	8f	1	1156	8		
-	Other expenses	8g		(0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		11568
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					169875
J	Transfers to (from) the plan (see instructions)	- 8j		(0	1. 1	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature code	es from the List of Plan Chara	acterist	ic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charac	cteristic	Cod	es in th	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
				10c	Х		113000
d				.00			
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all					77	
	instructions.)			10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
- 0	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	nd.)	10g		Х	
_	If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10h			
i	2520.101-3.)			10			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "Y	es," see instructions and con	nplete	Sched	dule SE	3 (Form
11.						11a	
	 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. 						ERISA? Yes X No
_12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
a	If a waiver of the minimum funding standard for a prior year is be	ing amortize	ed in this plan year, see instru	ctions,	and	enter tl Day	he date of the letter ruling Year
	granting the waiverf you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Forr	n 5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year					12b	

Form 5500-SF 2012 Page 3 -				
Enter the amount contributed by the employer to the plan for this plan year	12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
			_ Y	es X No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to			
3c(1) Name of plan(s):	13c(2) E	EIN(s)	13	c(3) PN(s)
			_	
		-1		
VIII Trust Information (optional)				
Name of trust	14b	Trust's El	N	
1	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

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

2012

This Form is Open to Public Inspection

	▶ File as an atta		5500 or 5	500-SF.			
For calendar plan year 2012 or fiscal p	lan year beginning 01/	/01/2012		and end	ing	12/31	/2012
Round off amounts to nearest do							
Caution: A penalty of \$1,000 will be	assessed for late filing of this re	eport unless reas					
A Name of plan Barbara E. Franco, C.1	PA.PC Pension I	Plan Trust		B Three-di			003
Dailbara I, Franco, C.	····/ rio. rembron .	ram rrabe		pian nun	nber (PN)		
						B. C.	
Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer	Identificat	on Numbe	r (EIN)
Barbara E. Franco, C.	P.A., P.C.	_		11-32571	72		
E Type of plan: X Single Multiple	e-A Multiple-B	F Prior year pla	an size: X	100 or fewer	101-50	00 Mor	e than 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day	31 Year	2012				
2 Assets:							
a Market value					-		1050960
b Actuarial value					2b		1050960
3 Funding target/participant count b	oreakdown:	7	(1) Nu	ımber of partic	ipants	(;	2) Funding Target
a For retired participants and ben					0		0
b For terminated vested participa	ints	3b			0		0
C For active participants:			la Alug			70 Pull has	
(1) Non-vested benefits	(1) Non-vested benefits						0
(2) Vested benefits	(2) Vested benefits				1980 AN		1015190
(3) Total active		3c(3)			2		1015190
d Total		3d		W 3-10 - 31 - 31 - 31 - 31 - 31 - 31 - 31	2		1015190
4 If the plan is in at-risk status, che	ck the box and complete lines (a	ı) and (b)				V alber	
a Funding target disregarding pre					4a		
b Funding target reflecting at-risk		transition rule for	pians that	have been in	4h		
5 Effective interest rate					5		4.67%
6 Target normal cost					6		217
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticips	supplied in this schedule and accompanying			ents, if any, is com experience of the pla	plete and accu an and reason	rate. Each pre able expectation	scribed assumption was applied in ons) and such other assumptions, in
SIGN HERE	Michael Fret					09/12	/2013
m m	Signature of actuary					Dat	
Michael Frank						1102	
Type Michael Frank, FSA	e or print name of actuary				Most	recent enro 212-56	ollment number 7 - 14 6 4
	Firm name				Telephone	number (i	ncluding area code)
100 Arden Street							
New York NE	10040 Address of the firm						
If the actuary has not fully reflected any	v regulation or guling promulgate.	d under the statut	e in compl	eting this sche	dule, chec	k the box a	and see
instructions	y regulation or runing promulgates		en en de la Prida de l'All Pri				adula SR /Form 5500\ 20

Pa	rt II	Begin	ning of Year C	arryove	r Prefunding Balance	es								
_								(a) C	Carryover balance		(b) F	refundi	ng balar	nce
7				after applicable adjustments (line 13 from prior					0				44925	
				or year's funding requirement (line 35 from					0	0		0		
9				8)						0				44925
10					rn of2.25%					0	0 -10:		-1011	
11					to prefunding balance:									
	a Pres	ent value	of excess contributi	ons (line 3	88a from prior year)									24869
	b Inter	est on (a)	using prior year's e	effective interest rate of5.31% except ructions)			pt							1391
					er to add to prefunding balance									26260
				101	ance									26190
12					or deemed elections					0		1321		
*					line 10 + line 11d – line 12)					0				68783
	art III		ding Percentag											
14	Fundin	g target a	ttainment percentag	ge								14	96	.43%
			target attainment p									15	109	.93%
16	14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				of determining whether carry	•			A STATE OF THE PARTY OF THE PAR			16	85	.94%
17	If the c	urrent val	ue of the assets of t	he plan is	less than 70 percent of the	fund	ing targe	t, enter s	uch percentage			17		%
Pa	art IV	Con	tributions and	liquidity	y shortfalls									
18	Contrib	outions ma	ade to the plan for th	ne plan ye	ar by employer(s) and empl	loyee	es:							
(N	(a) Da 1M-DD-Y		(b) Amount pai employer(s		(c) Amount paid by employees			l by	(c) Amount paid by employees		by			
06	5/14/:	2013		5000	0									
06	5/21/:	2013		5000	0									
07	7/02/:	2013		5000	0									
0.8	3/08/	2013		7000	0									
0.9	9/09/	2013		20000	0									
0 9	9/10/	2013		28000	0									
		1007007												
						Tot	tals >	18(b)		70000	18(c)			(
		10. 10.			i for anall alon with		HV-		he heginning of the	vear.				
19	Discou	unted emp	oloyer contributions	- see inst	ructions for small plan with	a van	n prior ve	are	The beginning of the	19a				(
	a Contributions allocated toward unpaid minimum required contributions from prior years. 19a b Contributions made to avoid restrictions adjusted to valuation date. 19b										(
										19c				67452
-					uired contribution for current y	year a	iajusteu tt	valuatio						
20	Quart	erly contri	butions and liquidity	snortfalls	ho prior year?							[X Yes	No
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 many many many many many many many man						imely ma	nner?				☐ Yes	X No		
								iniciy ilia		Γ				
	C If 2	0a is "Yes	s," see instructions	and compl	ete the following table as ap Liquidity shortfall as of e	ppilca	f quarter	of this nl	an vear					
_		(1)	Ist		(2) 2nd	1	. quartor	(3)	3rd			(4) 4	th	
		(1)			_/									

Pa	rt V	Assumptions Used to Determine Funding Target and Target Normal Cost								
21	Disco	iscount rate:								
		Segment rates: 1st segment: 2nd segment: 3rd segmen 1.77% 4.67% 5.78				N/A, full yield curve used				
		plicable month (21b	4						
			tirement age	22	64					
23	Morta	lity table(s) (see	e instructions) X Pre	scribed - combined Pro	escribed - separate	Substitut	e			
		Miscellane								
24	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	e been made for the current pla	in year? If "Yes," see instruction	regarding required attac	hment	Yes X No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes X No			
27	If the attach	plan is subject t	o alternative funding rules, ente	er applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpa	id minimum requ	uired contributions for all prior y	ears		28	0			
29				unpaid minimum required contri		29	0			
30	Rema	nining amount of	f unpaid minimum required con	tributions (line 28 minus line 29)		30	0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	et normal cost a	nd excess assets (see instructi	ons):						
	a Tarç	get normal cost	(line 6)			31a	2177			
	b Exc	cess assets, if a	pplicable, but not greater than	ine 31a		31b	0			
32	Amor	tization installme	ents:		Outstanding Bala	ince	Installment			
	a Net	shortfall amorti	zation installment			36225	14366			
	b Wa	iver amortizatio	n installment			0	0			
33	1122/2			ter the date of the ruling letter gra		33				
34	Total	funding require	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	16543			
				Carryover balance	Prefunding bala	nce	Total balance			
35			use to offset funding		0	0	0			
36	Addit	ional cash requi	irement (line 34 minus line 35).			36	16543			
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)									
38	Pres	ent value of exce	ess contributions for current ye	ar (see instructions)			The second when			
						38a 38b	50909			
	b Po	0								
39	and the second of the second o						0			
40	Unpa			S		40				
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected									
-	b Eligible plan year(s) for which the election in line 41a was made									
42	2 Amount of acceleration adjustment									
	3 Excess installment acceleration amount to be carried over to future plan years									

BARBARA E. FRANCO, CPA., P.C. PENSION PLAN Employer ID#: Plan No. 00

Quarterly Installment Payment: \$3,722.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2012

Date	Amount	Year	Rate	Adj Ctb
06-14-2013	5,000.00	2012	9.67%/4.67%	4,652.40
06-21-2013	5,000.00	2012	9.67%/4.67%	4,712.87
07-02-2013	4,888.00	2012	9.67%/4.67%	4,661.07
	112.00	2012	4.67%	109.45
08-08-2013	7,000.00	2012	4.67%	6,809.40
09-09-2013	20,000.00	2012	4.67%	19,379.19
09-10-2013	28,000.00	2012	4.67%	27,127.54
Totals:	70,000.00	*		67,451.91

19	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 contribution from prior years	19a	0.00				
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00				
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	67,451.91				

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 64

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Plan Effective Date

January 1, 2000

Plan Year

From January 1 to December 31

Eligibility

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

1 year of service Minimum age 21

Normal Retirement Age

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

Attainment of age 62 Completion of 5 years of participation

Normal Retirement Benefit

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

180 percent of compensation

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

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

Years with less than 1,000 hours

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Plan maximum benefit is \$5,850 per month

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

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

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

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

Years with less than 1,000 hours

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Termination Benefit

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

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

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

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

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

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	Amortization	Number of Future		Value of Future
Valuation Date	Method	Installments	Installment	Installments
12/31/2009	7-year	4	\$27,055	\$105,429
12/31/2010	7-year	5	\$(14,602)	\$(70,515)
12/31/2011	7-year	6	\$14,344	\$80,684
12/31/2012	7-year	7	\$(12,431)	\$(79,373)
Total			\$14,366	\$36,225