Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information						
For c	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012		
A T	his ret	urn/report is for: 🛛 a single-employer plan 🔲 a m	nultiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
Вт	his retu	urn/report is: the first return/report the	final return/report					
		an amended return/report a sh	ort plan year returr	n/report (less than 12 m	onths)	1		
C (Check b	ox if filing under: X Form 5558 auto	omatic extension			DFVC progra	ım	
		special extension (enter description)				_		
Pa	rt II	Basic Plan Information—enter all requested information	1					
	Name o	•			1b	Three-digit		
GREE	NE & F	REID, PLLC CASH BALANCE PLAN				plan number (PN) ▶	002	
					10	Effective date o		
						01/01	•	
		onsor's name and address; include room or suite number (emplo	oyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 16-1590779			
470 1	ITOEO	ID LANE			2c	Sponsor's telep		
SYRA	CUSE,	ID LANE NY 13205			2d	Business code (see instructions)	
32	Dlan ac	Iministrator's name and address XSame as Plan Sponsor Name	Same as Plan	Sponsor Address	3h	54111 Administrator's		
Ja	i iaii ac	animistrator s name and address Dame as Fian Oponsor Name	Same as rian	Oponsoi Address	35	Administrator s	LIIN	
					3с	Administrator's	telephone number	
		ame and/or EIN of the plan sponsor has changed since the last r	eturn/report filed fo	or this plan, enter the	4b	EIN		
		EIN, and the plan number from the last return/report. or's name			4c	PN		
		number of participants at the beginning of the plan year			5a		4	
b	Total n	umber of participants at the end of the plan year			5b		4	
С	Numbe	er of participants with account balances as of the end of the plan	year (defined bene	fit plans do not				
	comple	ete this item)			5c			
		all of the plan's assets during the plan year invested in eligible as					X Yes No	
b		u claiming a waiver of the annual examination and report of an in 29 CFR 2520.104-46? (See instructions on waiver eligibility and o					X Yes No	
		answered "No" to either line 6a or line 6b, the plan cannot u						
Caut	tion: A	penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonable cau	ıse is	established.		
		lties of perjury and other penalties set forth in the instructions, I o						
		dule MB completed and signed by an enrolled actuary, as well as rue, correct, and complete.	s the electronic ver	sion of this return/repor	i, and	to the best of my	knowledge and	
SIGN	N	Filed with authorized/valid electronic signature.	10/09/2013	JAMES E. REID				
HER	E	Signature of plan administrator	Date	Enter name of individ	ual siç	ning as plan adn	ninistrator	
SIGN		Filed with authorized/valid electronic signature.	10/09/2013	JAMES E. REID				
HER			Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor	
Prep	arer's ı	name (including firm name, if applicable) and address; include roo	om or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	

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Par	t III Financial Information													
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear					
	Total plan assets	7a	22535				(2) =::		239208	3				
	Total plan liabilities	7b												
	Net plan assets (subtract line 7b from line 7a)	7c	22535	225352					239208					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	-00200					
	Contributions received or receivable from:		(a) Amount				(15)	Total						
	(1) Employers	8a(1)												
	(2) Participants	8a(2)												
	(3) Others (including rollovers)	8a(3)												
b	Other income (loss)	8b	1385	6										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13856	6				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d												
е	Certain deemed and/or corrective distributions (see instructions)	8e												
f	Administrative service providers (salaries, fees, commissions)	8f												
g	Other expenses	8g												
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1)				
	Net income (loss) (subtract line 8h from line 8c)	8i							13856	6				
	Transfers to (from) the plan (see instructions)	8j												
Par	t IV Plan Characteristics	<u> </u>	l											
	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	s:					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:						
Part	•					Ι	I							
10	During the plan year:			1	Yes	No		Amo	ount					
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X								
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X								
С	Was the plan covered by a fidelity bond?			10c	X					500	000			
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 cinstructions.)	of the bene	efits under the plan? (See	10e		X								
f	Has the plan failed to provide any benefit when due under the plan					X								
				10f										
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	· · · · · · · · · · · · · · · · · · ·	10g		X								
h —-	2520.101-3.)	`		10h		X								
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i										
Part	VI Pension Funding Compliance													
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. X	Yes		No			
11a						11a								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?.		Yes	X	No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of	the le Yea		ling	_			
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•					I							
b	Enter the minimum required contribution for this plan year					12b								

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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

						File	as an attacnm	ent to Form	5500 or	5500-	SF.							
Fo	r calendar	plan	year 2012	2 or fis	cal plan ye	ear beginning	01/01/2012				and end	ding	12/31/2	2012				
•	Round o	f an	ounts to	neare	st dollar.													
•	Caution:	Аре	nalty of \$1	1,000	will be ass	essed for late fili	ng of this report	t unless reas	onable ca	ause is	establish	ned.						
A GR	Name of p	lan REID	, PLLC CA	ASH B	ALANCE F	PLAN				В	Three-d	•	(PN)	•		C	002	
													(* * * *)					
С	Plan snon	sor's	name as	shown	on line 2a	of Form 5500 o	r 5500-SF			D	Employe	r Idei	ntification	n Nui	mber (l	FIN)		
	EENE & F				011 11110 20		. 0000 0.				1590779		i i i i i i i i i i i i i i i i i i i		11001 (1	•,		
E	Type of pla	n:	Single	Пм	lultiple-A	Multiple-B	F	Prior year pla	an size:	100	or fewer	П	101-500	П	More tl	nan 500		
			ic Inforr	matic	'n	<u> </u>			<u>L</u>									
1			uation dat			Nonth 12	Day 31	Year	2012									
2	Assets:	e va	ualion ual	.е.	IV	101111	_ Day	Gal _	2012									
_		t val	ш										2a					239208
	_												2b					239208
3		-			unt breakd				(4) N	lumbo	r of portion	inon	-		(2) [Tundina	Torgot	
3	•	_				ries receiving pa	vmont	3a	(1) 1	lumbe	r of partic	лрап	0		(2) [unding	raiget	0
						receiving pa							1					367
			participan	•	пстраптъ			30										307
	(1)				te			3c(1)	ł									0
	(2)							<u> </u>	ł									214205
	(3)							2 (2)					3					214205
	. ` ′												4					214572
4						box and comple				П			-					
•						ed at-risk assum						Г	4a					
	_	·	•	•	٠.	mptions, but disr	•											
						onsecutive years							4b					
5	Effective	e inte	erest rate										5					5.81 %
6	Target i	orm	al cost										6					0
Sta	To the best of accordance	f my k vith ap	plicable law a	e informa and regu	lations. In my	in this schedule and a opinion, each other as erience under the plan	ssumption is reasona											
	SIGN HERE													1	0/03/2	013		
					Signat	ture of actuary				_					Date			
SC	OTT E. RU	EHF	2		3 3	,									11-028	71		
				-	Type or pri	nt name of actua	nrv			_		N	Most rece				ber	
SC	OTT E. RU	EHF	R. FSA		. , , , , , , , , , , , , , , , , , , ,		,					-				2-5122		
			.,		F	irm name				_		Telen	hone nu				ea code)
	84 MANSF EXEL HIL		AVENUE A 19026									. 0.0p			(ug u		,
					Addr	ess of the firm				_								
1 £ Łl-			ا مستقل با عم	ا عدما		otion or ruling		w the eterrice	in acres!		ا ماده ماد	مارا	ah a al · 4l·	a h				
	e actuary f	ias r	ot fully ref	iected	any regula	ation or ruling pro	omuigated unde	er ine statutë	in comple	eting ti	iis sched	ıuıe,	cneck th	e 00	x and s	see		Ш

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Schedule SB (Form 5500) 2012

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Baland	ces							<u>.</u>	
							(a) (Carryover balance		(b) F	Prefundi	ng balan	се	
7		Ū			cable adjustments (line 13 f				0				17578	
8				•	funding requirement (line 35				0				1381	
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0				16197	
10	Interes	t on line 9	o using prior year's	actual ret	turn of1.00%								162	
11	Prior ye	ear's exc	ess contributions to	be adde	d to prefunding balance:									
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)					0				
					interest rate of2.84%								0	
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce							0	
	d Porti	on of (c)	to be added to pre	funding ba	alance									
12 Other reductions in balances due to elections or deemed elections														
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0				16359	
P	Part III Funding Percentages													
14	4 Funding target attainment percentage										14	103	.41 %	
15	5 Adjusted funding target attainment percentage										15	111	.48 %	
16	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement) 	16	87	.90 %	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											17		%	
Pa	Part IV Contributions and Liquidity Shortfalls													
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:								
/ N/	(a) Da		(b) Amount pa		(c) Amount paid by	(a) D		(b) Amount pa		(0	(c) Amount paid by employees			
(IV	1M-DD-Y	111)	employer(5)	employees	(MM-DD-	-1111)	employer(s)		еттріс	yees		
						Totals ▶	18(b)		0	18(c)			0	
19	Discou	nted emn	lover contributions	s – see ins	tructions for small plan with	a valuation o	, ,	ne beginning of the		` ` ′	I.			
			-		nimum required contributions				19a				0	
	_			•	djusted to valuation date			l -	19b				0	
					uired contribution for current y			-	19c				0	
20			outions and liquidit					I.						
		-			the prior year?						X	Yes	No	
	b If line	e 20a is "	Yes," were require	d quarterly	y installments for the curren	t year made	in a timely	manner?			X	Yes	No	
					omplete the following table a									
					Liquidity shortfall as of e			n year						
		(1) 1:	st		(2) 2nd		(3)	3rd			(4) 4th			
			0					(O				0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						_
21		unt rate:		·							_
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full	yield cu	ırve ι	used	
	b App	licable month (enter code)			21b				4	
22	Weigh	ted average ret	tirement age			. 22				65	
23	Mortal	ity table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24		-		cuarial 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	ctions regarding required	attachment		Y	es	X No	
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0	j
29				d unpaid minimum required contrib		29				0)
30	Rema	ining amount of	funpaid minimum required cor		. 30				0	į	
Pa	rt VIII	Minimum	Required Contribution								
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	a Targ	et normal cost	(line 6)			. 31a				0	į
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0	
32	Amort	ization installme	ents:		Outstanding Bala	ance	Ins	tallmen	t		
	a Net	shortfall amorti	zation installment		•	0				0	1
	b Wai	ver amortization	n installment			0				0	_
33				ter the date of the ruling letter gra) and the waived amount		33					
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	. 34				0	ı
				Carryover balance	Prefunding bala	nce	Tota	l baland	се		
35			use to offset funding	(0				0	1
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36				0	
37				ontribution for current year adjuste		37				0	
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)							
	a Tota	l (excess, if an	y, of line 37 over line 36)			. 38a				C)
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				C)
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				C)
40	Unpai	d minimum requ	uired contributions for all years	S		40				C)
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:							_
	a Sche	edule elected					2 plus 7 years		l5 ye	ars	
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009	2010	20	011	_
42	Amour	nt of acceleration	n adjustment			42	<u> </u>				_
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43					_

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

Prile as an a	ttachment to Form 5500	or 5500-5F.	
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012
Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this	report unless reasonable	cause is established.	
A Name of plan	121	B Three-digit	
		plan number (PN)	▶ 002
Greene & Reid, PLLC Cash Balance Plan			
			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification	n Number (EIN)
Greene & Reid, PLLC		16-1590779	
	E Division I		П.,
	F Prior year plan size:	X 100 or fewer 101-500	More than 500
Part I Basic Information			
1 Enter the valuation date: Month 12 Day	31 Year 2012	2	
2 Assets:			
a Market value		2a	239,208
b Actuarial value		2b	239,208
3 Funding target/participant count breakdown:	(1)	Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	C
b For terminated vested participants	3b	1	367
C For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)	<u> </u>	214,205
(3) Total active	3c(3)	3	214,205
d Total	• • •	4	214,572
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		311,012
a Funding target disregarding prescribed at-risk assumptions			
b Funding target reflecting at-risk assumptions, but disregarding t		at have been in	
at-risk status for fewer than five consecutive years and disreg	garding loading factor	4b	
5 Effective interest rate		5	5.81%
6 Target normal cost		6	0
Statement by Enrolled Actuary	***	-,,1	
To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is re	schedules, statements and attact	nments, if any, is complete and accurate experience of the plan and reasonable	e. Each prescribed assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.			oxpositions, and such outer assumptions, in
SIGN / MACO D//			
HERE Seall & Rentier		1	.0/03/2013
Signature of actuary	·		Date
Scott E. Ruehr			11-02871
Type or print name of actuary		Most rec	ent enrollment number
Scott E. Ruehr, FSA			0) 622-5122
Firm name		<u></u>	mber (including area code)
2434 Mansfield Avenue			(
Drexel Hill PA	19026		
	19076		
Address of the firm	17020	_	

Schedule SB	(Form	5500	2012
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Pá	art II	Begir	nning of Year	Carryover Pre	funding Balanc	es							
							(a)	Carryover balance	1	(b)	Prefund	ling balar	ıce
_7 					justments (line 13 fro				0			1	7 , 578
8					equirement (line 35 f				0				1 201
9									0				1,381 6,197
10	•			•	1.00,	***************************************		7					162
11				's actual return of									102
				to be added to prefu									
					n prior year) ate of2 . 8 4% .								0
	as oth	r on (a erwise) using prior year e provided (see in	s ellective interest r	ate of% (except							0
	C Total av	/ailable	at beginning of cu	rrent plan year to add	to prefunding balanc	æ							0
	d Portion	of (c)	to be added to pr	efunding balance									0
12				···	ned elections				0				0
13	Balance a	at begir	nning of current ye	ear (line 9 + line 10	+ line 11d – line 12)				0			1	6,359
P	art III	Fun	ding Percent	ages				·					
14	Funding t	arget a	ttainment percent	tage							14	103.	41 %
			g target attainmer		************************						15		48 %
	Prior year	's fund	ling percentage fo	or purposes of deten	mining whether carry	/over/prefund	ling bala	inces may be used	to redu	ce	16		
17	If the curr	ears tu	naing requiremen	of the plan in lane the	an 70 percent of the	£ 4: 4						87.	90 %
						lunding targe	et, enter	such percentage			17		%
	art IV			d Liquidity Sho									
18	Contributi (a) Date	ons ma			nployer(s) and employer	·	1	1					
(M	M-DD-YY	YY)	(b) Amount p employer		mount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pa employer('		unt paid b lovees	y
										1	· · ·		
		•								1			
													
						Totals ▶	18(b)	-		0 18(c)	1		0
19	Discounte	d emp	loyer contribution	s – see instructions	for small plan with a	valuation da	te after t	the beginning of the	year:	'	-		
					juired contributions f				19a		-		0
	b Contrib	utions	made to avoid res	strictions adjusted to	valuation date				19b				0
	C Contribu	utions a	illocated toward m	inimum required cont	ribution for current yea	ar adjusted to	valuatio	n date	19c				0
20			utions and liquidi										
	a Did the	plan h	ave a "funding sh	ortfall" for the prior y	/ear?	***************************************	•••••••	***************************************				Yes	No
					ents for the current y								No
					ne following table as		•					<u> ř</u>	4
					ity shortfall as of end		f this pla	an year		l			
		(1) 1s	·	(2)	2nd		(3)				(4) 4t	h	
			0	<u></u>	0	}		(0				0

Pa	rt V	Assumptio	ns Use	d to De	etermine	Funding Target and	d Targe	et Normal Cost					
21	Disco	unt rate:											
	a Se	gment rates:		1st segm 5.54	nent: %	2nd segment: 6 . 8 5 %		3rd segment 7 . 52	:-	□ N/A	, full yield	curve	used
	b App	plicable month (enter cod	de)				***************************************	21b				4
22								·	22				65
23		lity table(s) (se			67	rescribed - combined	\neg	scribed - separate	Subst	tute	······································		
Pa		Miscellane					<u> </u>		<u> </u>				
					escribed a	ctuarial assumptions for the	current	plan year? If "Ves " see	instructio	ne regarding			
	attach	nment										Yes	X No
25	Has a	method change	e been m	ade for th	ne current p	olan year? If "Yes," see ins	tructions	regarding required atta	chment			Yes	⊠ No
						e Participants? If "Yes," se						Yes	X No
	If the	plan is subject t	o alternat	tive fundi	ng rules, er	nter applicable code and se	e instru	ctions regarding	27		<u></u>		
Pa	rt VII	Reconcilia	ation o	f Unpai	d Minim	um Required Contri	bution	s For Prior Years					
28	Unpai	id minimum requ	uired con	tributions	for all prior	r years	************		28				0
29						rd unpaid minimum require			29			. "	0
30	Rema	ining amount of	funpaid n	ninimum	required co	ontributions (line 28 minus l	ine 29)		30				0
Pa	rt VIII	Minimum	Requir	ed Con	tributio	n For Current Year							
31	Targe	et normal cost ar	nd excess	s assets (see instruc	ctions):		- 1-16					
	a Targ	et normal cost ((line 6)						31a				0
	b Exc	ess assets, if ap	oplicable,	but not g	reater than	1 line 31a			31b				0
32	Amort	ization installme	ents:					Outstanding Bala	ance		installm	ent	
	a Net	shortfall amortiz	zation ins	tallment.						d			0
	b Wai	iver amortization	n installm	ent						d			0
33						nter the date of the ruling le			33				
34	Total f	funding requiren	nent befo	re reflect	ing carryov	/er/prefunding balances (lin	es 31a -	31b + 32a + 32b - 33)	34	<u> </u>			0
						Carryover balance		Prefunding bala	nce		Total bala	ance	
35		ces elected for u			_		0		ĺ				0
36	Additio	onal cash requir	ement (li	ne 34 mir	us line 35))			36	1			
37	Contri	butions allocate	d toward	minimum	required o	contribution for current year	adjuste	d to valuation date	37				0
38						ear (see instructions)	,			<u> </u>			
	a Tota	l (excess, if any	, of line 3	37 over lir	ne 36)	***************************************		***************************************	38a	T			0
	b Port	ion included in l	line 38a a	ıttributabl	e to use of	prefunding and funding sta	ndard c	arryover balances	38b	Ţ		<u> </u>	0
39	Unpaid	d minimum requ	ired cont	ribution fe	or current y	ear (excess, if any, of line	36 over	line 37)	39				0
40	Unpaid	d minimum requ	ired cont	ributions	for all year	s		***************************************	40				0
Par	t IX	Pension F	Funding	g Relief	f Under I	Pension Relief Act o	f 2010	(See Instructions)				
41	lf an el	ection was mad	le to use	PRA 201	0 funding r	elief for this plan:			·····	,			
	a Sche	edule elected			***********					2 plus 7 y	ears [15 ye	ears
			~			41a was made		— a		08 2009		-	011
		· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	42			<u> </u>	
						ed over to future plan years			43				
									- 	1			

Schedule SB, line 15 -

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

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/12

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

Schedule SB, line 22 -

Weighted average retirement age

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/12

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

Statement of Actuarial Assumptions/Methods

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Equal to Normal Retirement Age
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 4.00%

Summary of Plan Provisions

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

- Eligibility: Frozen on 12/31/11
- Theoretical contributions: Frozen on 12/31/11
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 65, or if later, 5th anniversary of entry (1st of month after)
- Interest crediting rate: 30-year T-bond rate for 1st month before plan year
- Vesting: 3-year cliff

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

b For terminated vested participants. c For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active (4) Total (5) If the plan is in at-risk status, check the box and complete lines (a) and (b) a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding factor. 5 Effective interest rate 5 5 5 81 %			▶ File as	an attachm	ent to For	m 5500 oı	r 5500-SF.			
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan B	For	calendar plan year 2012 or fiscal plan y	ear beginning	01/0	1/2012		and end	ding	12/3	31/2012
A Name of plan B										
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C Peere & Reid, PLLC C E Type of plans W Single Multiple-A Multiple-B D Frior year plan size: 10 100 or fewer 101-500 More than 500 Part 1 Basic Information 1 Enter the valuation date: Month 12 Day 31 Year 2012 2 Assets:	>	Caution: A penalty of \$1,000 will be as	sessed for late filing of	this report u	uniess reas	onable ca	use is establis	hed.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Greene & Reid, PLLC E Type of plan: ☑ Single Multiple-A Multiple-B F Prior year plan size: ☑ 100 or fewer ☐ 101-500 ☐ More than 500 Part ☐ Basic Information 1 Enter the valuation date: Month ☐ 2 Day 31 Year 2012 2 Asses: a Market value	ΑN	ame of plan					B Three-d	igit		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Greene & Rei d, PLLC E Type of plan: Single							plan nur	nber (PN)	•	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Greene & Rei d, PLLC E Type of plan: Single	Gr	eene & Reid. PLLC Cash	Balance Plan							
E Type of plan:				IN SE			D Employe		- N /	
E Type of plant Single Multiple-A Multiple-B F Prior year plan size: 100 or fawer 101-500 More than 500	•	an sporton of harrie as shown on line 2	a of 1 offit 5500 of 550	10-3F			בmpioyei ט י	ridentificatio	ın Number (I	=IN)
Part	Gr	eene & Reid, PLLC					16-159	0779		
Part Basic Information	E T	ype of plan: X Single Multiple-A	Multiple-B	F	rior year pla	an size: 🏻	100 or fewer	101-500	☐ More t	nan 500
2 Assets:	Pa	rt I Basic Information						<u> </u>		
a Market value	1	Enter the valuation date:	Month 12 D	ay 31	Year	2012				
b Actuarial value	2	Assets:					<u> </u>			
B Actuarial value		a Market value				**************		2a		239,208
Funding target/participant count breakdown: a For retired participants and beneficiaries receiving payment. b For terminated vested participants. 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b Actuarial value			***********		********************	2b		
a For retired participants and beneficiaries receiving payment. b For terminated vested participants. C For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3c(2) 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 5 Effective interest rate. 5 Effective interest rate. 6 Target normal cost. 5 Effective interest rate. 6 Target normal cost. 5 Effective interest rate. 6 Target normal cost. 7 Statement by Enrolled Actuary To the best of my knowledge, the informations, in my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in complete estimated of actuary Signature of actuary Type or print name of actuary Type or print name of actuary Firm name Type or print name of actuary Firm name Telephone number (including area code) Telephone number (including area code)	3							ipants	(2) [
b For terminated vested participants. C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active (3) Total active (3) Total active (4) If the plan is in at-risk status, check the box and complete lines (a) and (b). a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status free fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 5 5 5.81 % 6 Target normal cost. 5 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in combination, offer my best estimate of articipate experience under the plan. SIGN HERE Type or print name of actuary Type or print name of actuary Type or print name of actuary Firm name Telephone number (including area code) Telephone number (including area code)		a For retired participants and beneficia	ries receiving paymer	nt	3a					0
C For active participants: (1) Non-vested benefits 3c(1) 2(2) Vested benefits 3c(2) 214, 205 (3) Total active 3c(3) 3 214, 205 (4) Total 3d 4 214, 572 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 214, 572 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 214, 572 5 Effective Interest rate 5 5 5.81 % 6 Target normal cost. 5 5 5.81 % 5 Total active with speciable in an arrisk status for fewer than five consecutive years and disregarding loading factor. 5 5 5.81 % 6 Target normal cost. 5 5 5.81 % 6 Target normal cost. 6 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b For terminated vested participants			3b			1		-
(2) Vested benefits 3c(2) 214,205 (3) Total active 3c(3) 3 214,205 (d Total		C For active participants:		'						
(2) Vested benefits 3c(2) 214,205 (3) Total active 3c(3) 3 214,205 (d) Total		(1) Non-vested benefits		.	3c(1)	1		_		0
(3) Total active]		-		
d Total						-		3	-	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)										**·
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate 5 5 5.81 % 6 Target normal cost 6 0 00 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best estimate of anticipated experience under the plan. SIGN HERE	4	If the plan is in at-risk status, check the	box and complete line	es (a) and (b	o)	[211/0/2
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk statuts for fewer than five consecutive years and disregarding loading factor						L		42		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Type or print name of actuary Type or print name of actuary Firm name PA 19026 PA 19026		b Funding target reflecting at-risk assu	imptions, but disregard	ding transitio	n rule for p	ians that h	nave been in	41		·
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Signature of actuary Type or print name of actuary Scott E. Ruehr, FSA Tolephone number (including area code) PA 19026		at-risk status for fewer than five or	onsecutive years and	disregarding	loading fa	ctor	***************************************			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Signature of actuary Date 11-02871 Type or print name of actuary Most recent enrollment number Scott E. Ruehr, FSA (610) 622-5122 Firm name Telephone number (including area code) Drexel Hill PA 19026								5		5.81 %
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Signature of actuary Date 11-02871 Type or print name of actuary Most recent enrollment number (610) 622-5122 Firm name Telephone number (including area code) Drexel Hill PA 19026							***************************************	6		0
SIGN HERE Signature of actuary Scott E. Ruehr Type or print name of actuary Scott E. Ruehr, FSA Firm name Firm name PA 19026 10/03/2013 10/03										
Signature of actuary Signature of actuary Scott E. Ruehr Type or print name of actuary Scott E. Ruehr, FSA Firm name PA 19026 10/03/2013 10/03/2013 Most recent enrollment number (610) 622-5122 Telephone number (including area code)	a	cordance with applicable law and regulations. In my	opinion, each other assumpti	anying schedule on is reasonable	es, statements e (taking into a	and attachme ccount the ex	ents, if any, is comp perience of the plar	ete and accurat and reasonable	e. Each prescrib ∍ expectations) :	ed assumption was applied in and such other assumptions, in
Signature of actuary Scott E. Ruehr Type or print name of actuary Scott E. Ruehr, FSA Firm name PA 19026 10/03/2013 10/03/2013 11-02871 Most recent enrollment number (610) 622-5122 Telephone number (including area code)			/	7						* 1W4
Signature of actuary Scott E. Ruehr Type or print name of actuary Scott E. Ruehr, FSA Firm name PA 19026 Date 11-02871 Most recent enrollment number (610) 622-5122 Telephone number (including area code)				/						
Type or print name of actuary Scott E. Ruehr, FSA Firm name 2434 Mansfield Avenue PA 19026	Ht		21 Carlie					1	<u>.0/03/20</u>	13
Type or print name of actuary Scott E. Ruehr, FSA Firm name 2434 Mansfield Avenue PA 19026 Type or print name of actuary Most recent enrollment number (610) 622-5122 Telephone number (including area code)	_	· ·	ture of actuary						Date	
Firm name 2434 Mansfield Avenue PA 19026 (610) 622-5122 Telephone number (including area code)	Scot	 							11-0287	1
Firm name Z434 Mansfield Avenue PA 19026 Telephone number (including area code)			nt name of actuary					Most rec	ent enrollme	nt number
2434 Mansfield Avenue Drexel Hill PA 19026	Scot							(61	.0) 622-	5122
	2434		irm name				T	elephone nu	mber (includ	ling area code)
	Drex	kel Hill		PA 1903	26					
		······································	ess of the firm							
the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	f tha	ectuary has not fully reflected		_4_4					-	

_	_		
Page	2 -	i I	

Pá	art II i	Begir	ining of Year	Carryov	er Pref	unding Balar	nces									
	·							Ľ	(a)	Carryover balance	е	(b)	Prefu	nding bala	ance	
						ustments (line 13					0				17,578	
8						equirement (line 3					0				1,381	
9									•		0				16,197	
10	Interest or	n line 9	using prior year	's actual ret	urn of	1.00%				7				-	162	
11			ess contributions													
	a Present	t value	of excess contrib	outions (line	38a fron	n prior year)									0	
	b Interest as oth	t on (a) erwise	using prior year provided (see in	s effective in structions)	nterest ra	ate of2.84	% except								0	
	C Total av	railable	at beginning of cu	rrent plan ye	ar to add	to prefunding bala	ance								0	
	d Portion	of (c)	to be added to pr	efunding ba	lance	•••••									0	
12	Other red	uctions	in balances due	to elections	or deem	ned elections					0				0	
13	Balance a	it begir	ning of current ye	ear (line 9 +	line 10 -	⊦ line 11d – line 1	2)				0			-	16,359	
P	art III	Fun	ding Percent	ages								-				
14	Funding ta	arget a	ttainment percent	age		*****************************							14	103	.41 %	
			target attainmer										15		.48 %	
16	16 Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										ce	16		.90 %		
17										such percentage			. 17		%	
Pá	art IV	Con	tributions an	d Liquidi	tv Sho	rtfalls								<u></u>		
					-	nployer(s) and en	nolovees:			· · -	 -					
	(a) Date M-DD-YYY		(b) Amount p employer	aid by	(c) A	mount paid by mployees	· · · · · · · · · · · · · · · · · · ·) Date		(b) Amount p employer			(c) Amount paid by employees			
,							Totals	.	18(b)			0 18(c)			0	
19	Discounte	d empl	oyer contribution	s – see insti	ructions 1	for small plan with	ı a valuatio	n dat	e after ti	the beginning of th	e year:		***			
											19a		-		0	
	b Contribu	utions i	nade to avoid res	strictions ad	justed to	valuation date			**********		19b		-	 	0	
										n date	19c				0	
20	Quarterly	contrib	utions and liquidi	ty shortfalls:										∇ Vaa		
										manner?				X Yes	∐ No	
						ents for the currer e following table			a umery	manner /	••••••			.X Yes	∐ No	
- '			; <u> </u>			ity shortfall as of	end of qua	ter o	f this pla	an year						
	((1) 1s			(2)	2nd			(3)	3rd			(4)	4th		
			0			<u> </u>	0				0				0	

Pa	rt V	Assumptio	ns Use	d to De	etermine	Funding Target and	d Targe	et Normal Cost							
21	Disco	count rate:													
	a Se	Segment rates: 1st segment: 2nd segment: 3rd segmer 5.54 % 6.85 % 7.52					:-	□ N/A	N/A, full yield curve used						
	b App	plicable month (enter cod	de)				***************************************	21b						
22								·	22				65		
23		lity table(s) (se			67	rescribed - combined	\neg	scribed - separate	Subst	tute	······································		***		
Pa		i					<u> </u>		<u> </u>						
	Part VI Miscellaneous Items 4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required														
	attach	nment										Yes	X No		
25	Has a	method change	e been m	ade for th	ne current p	olan year? If "Yes," see ins	tructions	regarding required atta	chment			Yes	No No		
						e Participants? If "Yes," se						Yes	X No		
	If the	plan is subject t	o alternat	tive fundi	ng rules, er	nter applicable code and se	e instru	ctions regarding	27						
Pa	rt VII	Reconcilia	ation o	f Unpai	d Minim	um Required Contri	bution	s For Prior Years							
28	Unpai	id minimum requ	uired con	tributions	for all prior	r years			28				0		
29						rd unpaid minimum require			29				0		
30	Rema	ining amount of	funpaid n	ninimum	required co	ontributions (line 28 minus l	ine 29)		30				0		
Pa	rt VIII	Minimum	Requir	ed Con	tributio	n For Current Year									
31	Targe	et normal cost ar	nd excess	s assets (see instruc	ctions):		- 1-16							
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	b Exc	ess assets, if ap	oplicable,	but not g	reater than	1 line 31a			31b				0		
32	Amort	ization installme	ents:			Annua.		Outstanding Bala	ance	nce Installment					
	a Net shortfall amortization installment									q			0		
	b Wai	ver amortization	n installm	ent			•••••			d -			0		
33						nter the date of the ruling le			33						
34	Total f	funding requiren	nent befo	re reflect	ing carryov	/er/prefunding balances (lin	es 31a -	31b + 32a + 32b - 33)	34	<u> </u>			0		
						Carryover balance)	Prefunding bala	nce		Total balance				
35		ces elected for u			_		0		ı)			0		
36	Additio	onal cash requir	ement (li	ne 34 mir	us line 35))			36	1					
37	Contri	butions allocate	d toward	minimum	required o	contribution for current year	adjuste	d to valuation date	37				0		
38						ear (see instructions)	,			<u> </u>					
	a Tota	l (excess, if any	, of line 3	37 over lir	ne 36)			***************************************	38a	T			0		
	b Port	ion included in l	line 38a a	ıttributabl	e to use of	prefunding and funding sta	ndard c	arryover balances	38b	Ţ		<u> </u>	0		
39	Unpaid	d minimum requ	ired cont	ribution fe	or current y	ear (excess, if any, of line	36 over	line 37)	39				0		
40	Unpaid	d minimum requ	ired cont	ributions	for all year	s		***************************************	40				0		
Par	t IX	Pension F	Funding	g Relief	f Under I	Pension Relief Act o	f 2010	(See Instructions)						
41	lf an el	ection was mad	le to use	PRA 201	0 funding r	elief for this plan:			·····	,					
	a Sche	edule elected			***********					2 plus 7 y	ears [15 ye	ars		
			~			41a was made		— a				-	011		
		· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	42			<u> </u>			
						ed over to future plan years			43						
						, ,			_ -	i					

Schedule SB, line 15 -

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

Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/12

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Schedule SB, line 22 -

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Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

PLAN YEAR ENDED: 12/31/12

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Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

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- Asset valuation method: Market value of assets (no smoothing)
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- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
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Greene & Reid, PLLC Cash Balance Plan

EIN/PN: 16-1590779 / 002

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- Theoretical contributions: Frozen on 12/31/11
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