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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information			
For c	alenda	er plan year 2012 or fiscal plan year beginning 11/01/2012 and ending	10/31	/2013	
A T	his retu	urn/report is for: X a single-employer plan a multiple-employer plan (not multiemplo	yer)	a one-partici	pant plan
Вт	his retu	urn/report is: X the first return/report X the final return/report			
		an amended return/report a short plan year return/report (less than	12 months	s)	
\mathbf{c}	heck h	ox if filing under: Form 5558 automatic extension		DFVC progra	am
	TICON D	special extension (enter description)			
Pa	rt II	Basic Plan Information—enter all requested information			
	Name o		1h	Three-digit	
		MPAR ALBANY, INC. EMPLOYEES PENSION TRUST	'`	plan number	
				(PN) •	001
			10	Effective date of	•
_				07/15	
		consor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identi	fication Number
		· · · · · · · · · · · · · · · · · · ·	20	(=114)	
121 E	CHO L	ANE	20	Sponsor's telep	
		NY 13760	20	Business code	(see instructions)
			-	42360	
3a	Plan ac	ministrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's	EIN
			30	Administrator's	telephone number
		ame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	e 4 b) EIN	
		EIN, and the plan number from the last return/report.	40	DN	
		or's name		PN	
		umber of participants at the beginning of the plan year		+	5
		umber of participants at the end of the plan year	5b)	0
С		er of participants with account balances as of the end of the plan year (defined benefit plans do not ete this item)	50	;	
6a	Were	all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No
b		u claiming a waiver of the annual examination and report of an independent qualified public accountar			
		29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead			
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonable lities of perjury and other penalties set forth in the instructions, I declare that I have examined this return			achla a Cabadula
		dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r			
belie	f, it is t	rue, correct, and complete.		•	-
SIGN	J	Filed with authorized/valid electronic signature. 10/31/2013 MICHAEL DUNC	AN		
HER				igning as plan adr	ministrator
SIGN		Filed with authorized/valid electronic signature. 10/31/2013 MICHAEL DUNC		igning as plan aar	minotrator
HER				igning as amplaye	or or plan enoncor
Prep	arer's r	Signature of employer/plan sponsor Date Enter name of in name (including firm name, if applicable) and address; include room or suite number (optional)			er or plan sponsor number (optional)
- 1-					(1 /

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities	Par	t III Financial Information										
a Total plan assets				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan fabilities			7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				(2) =::	<u> </u>)	
C Net plan assets (substant line 7b from line 7a). 7c (9) Amount (b) Total 8 income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total 1 (b) Total 8 contributions received or receivabile from: (1) Employers. 8a(2) (2) Participoptis. 8a(2) (3) Others (including relovers). 8a(3) (3) Others (including relovers). 8a(4) (4) Do Other income (soas). 8b (1) So Other include the plan (including direct rollovers and insurance premiums by provide breefits. 9a(2), 8a(3), and 8b). 8c (1) So Other includes service providers (satisfulutions (see instructions). 8c (1) So Other includes service providers (satisfulutions (see instructions). 8c (1) So Other expenses. 8c (1) So Other expen		·										
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Septimental (including rollowers). (5) Participants. (6) Other income (loss). (6) Total income (loss). (7) Employers. (8) Septimental (including rollowers). (8) Other rollowers (loss). (8) Other shorter (loss). (9) Other shorter (loss) (lostituted lines 8d.		·		17108								
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (6) Other (including relievers). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits; paid (including direct relievers and insurance premiums to provide benefits. (8) Other expenses. (9) Oth								(h)	Total			
(1) Employers		·		(a) Amount				(15)	Total			
(3) Others (including rollovers)			8a(1)		0							
b Cther income (loss) 8b 19831 C Total income (loss) 18831 19831 C Total income (loss) 18831 19831 D Banelits paid (including direct rollovers and insurance premiums to provide benefits), 8c 18931 G Banelits paid (including direct rollovers and insurance premiums to provide benefits), 8c 189017 E Certain deemed and/or corrective distributions (see instructions) 8d 189017 G Other expenses. 8d 189017 I Not income (loss) (subtract line Bh from line 8c) 8d 199017 I Not income (loss) (subtract line Bh from line 8c) 8l -171086 J Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8d 180018 180018 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: I Transfers to (from) the plan (see instructions) 8j 0 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: I Transfers to (from) the plan (see instructions and DoL's Voluntary Floudary Correction Program) 18d X O During 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 Yes No Amount		(2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	1983	81							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19831		
f Administrative service providers (salaries, fees, commissions)		• • •	8d	19091	7							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1 H 1 30 1A H 11 30 1A	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19091	7	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1H 11 3D b If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	i	Net income (loss) (subtract line 8h from line 8c)	8i							171086	6	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1 H 1 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	j	Transfers to (from) the plan (see instructions)	8i		0							
9a	Par	t IV Plan Characteristics	, ,			<u> </u>						
But 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		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	;:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 100	b		eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 100	Dort	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				Voc	No		A			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		Was there a failure to transmit to the plan any participant contribu				162			Ame	ount		
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		on line 10a.)			10b		^					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	c	Was the plan covered by a fidelity bond?			10c	X					81	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·										
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					10f							
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			•	<u> </u>	10g		X					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h	2520.101-3.)			10h							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i				10i							
5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11								. X	Yes	П	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											0
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								ERISA? .		Yes	X	No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
	b	Enter the minimum required contribution for this plan year					12b					

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•	"otar the amount contributed by the ampleyor to the plan for this plan year		12c			
d S	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus legative amount)	sign to the left of a	12d			
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part V	II Plan Terminations and Transfers of Assets					
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?		X	es No)	
lí	f "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
	Vere all the plan assets distributed to participants or beneficiaries, transferred to another p		control		X Yes	No
	f during this plan year, any assets or liabilities were transferred from this plan to another playlich assets or liabilities were transferred. (See instructions.)	lan(s), identify the plan(s)	to			
130	c(1) Name of plan(s):	1	1 3c(2) El	N(s)	13c(3) PN(s)
Part V	Trust Information (optional)					

14b Trust's EIN

14a Name of trust

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

						P FII	e as an attachm	ent to Form	5500 or	5500-	SF.							
Fo	r calendar	pla	n year 2012	2 or fi	scal plan y	ear beginning	11/01/2012				and end	ding	10/31/	2013	3			
Þ	Round o	ff ar	nounts to	neare	est dollar.													
•	Caution:	Ар	enalty of \$7	1,000	will be ass	essed for late fil	ing of this report	unless reas	onable ca	ause is	establis	hed.						
A	Name of p	lan	ΔΡ ΔΙ ΒΔΝ	IV INI	C EMPLO	YEES PENSIOI	N TRUST			В	Three-d	•				00)1	
IXL	AGAIN CC	/IVII	AIX ALDAIX	11, IIN	C. LIVII LO	TEEST ENSION	V 11001				plan nui	mbe	r (PN)		<u> </u>			
С	Plan spon	sor's	s name as	show	n on line 2a	a of Form 5500	or 5500-SF			D	Employe	r Ide	ntification	n Nu	mber (EIN)		
			AR ALBAN								-6028533				,	,		
Ε	Type of pla	n:	X Single	I	Multiple-A	Multiple-B	F	Prior year pla	an size: 🕽	100	or fewer	П	101-500	П	More t	han 500		
D	art I	226	sic Inform	mati	on	-												
1			aluation dat			Nonth 11	Day01	Year	2012									
2	Assets:	e va	ilualion ual	ie.	IN IN	//OHUT	Day		2012									
_		at vs	مبرا									Г	2a					171072
													2b					171072
3			get/particip						(4) N	lumbo	r of partic	·····			(2)	Funding ¹		17 1072
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	_	·		•	٠.		nptions						4a					
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6													6				•	0
			rolled Act															
	To the best of	f my	knowledge, the	e inform			accompanying schedu											
						erience under the pla	assumption is reasonal in.	bie (taking into a	ccount the e	experien	ce of the pia	an and	reasonable	e expe	ctations)	and such of	ner assum	ptions, in
	SIGN																	
	IERE													1	10/28/2	013		
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		nas	not fully ref	lected	d any regul	ation or ruling p	romulgated unde	r the statute	in comple	eting t	his sched	dule,	check th	e bo	x and	see	Ī	
ınetı	uctions																-	

Page 2	<u> </u>
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Schedule SB (Form 5500) 2012

Pa	ırt II	Begir	ning of Year (Carryov	er Prefun	ding Balanc	es							
								(a) (Carryover balance	;	(b) F	Prefundi	ng balan	ce
7		Ū	nning of prior year		•	•	•			0				0
8			for use to offset pri	•		,				0				0
9	Amoun	t remaini	ng (line 7 minus lin	e 8)						0				0
10			o using prior year's							0				0
11	Prior ye	ear's exc	ess contributions to	be adde	d to prefundin	ng balance:								
	a Pres	ent value	of excess contribu	itions (line	38a from pri	or year)								0
) using prior year's provided (see ins											0
	C Total	available	at beginning of curi	ent plan y	ear to add to p	orefunding baland	ce							0
	d Porti	ion of (c)	to be added to pre	funding ba	alance									0
12	Other r	eductions	s in balances due t	o election	s or deemed	elections				0				0
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line	e 11d – line 12).				0				0
P	art III	Fun	ding Percenta	ges										
14	Fundin	g target a	attainment percenta	age								14	104	.74 %
15	Adjuste	ed funding	g target attainment	percentag	ge							15	104	.74 %
16			ling percentage for Inding requirement									16	76	5.98 %
17	If the c	urrent val	ue of the assets of	the plan	is less than 7	0 percent of the	funding targ	get, enter s	such percentage			17		%
P	art IV	Con	tributions and	l Liquid	ity Shortfa	alls								
18	Contrib	utions m	ade to the plan for	the plan y	ear by emplo	yer(s) and empl	oyees:							
(N	(a) Dat IM-DD-Y	te ′YYY)	(b) Amount pa employer(s			unt paid by loyees	(a) Da (MM-DD-		(b) Amount pa employer((0		nt paid b byees	У
		•												
							Totals ►	18(b)			18(c)			
19	Discou	nted emp	loyer contributions	– see ins	tructions for s	small plan with a	valuation d	ate after th	ne beginning of the	e year:				
	a Cont	tributions	allocated toward u	npaid min	imum require	ed contributions	from prior ye	ears		19a				0
	b Cont	ributions	made to avoid rest	rictions a	djusted to val	uation date				19b				0
	C Cont	ributions	allocated toward min	nimum req	uired contribu	tion for current ye	ear adjusted	to valuatior	n date	19c				0
20	Quarte	rly contrib	outions and liquidity	shortfalls	S :							_	, r	
			nave a "funding sho									<u> </u>	Yes	No
	b If line	e 20a is "	Yes," were require	d quarterly	y installments	for the current	year made i	n a timely	manner?			X	Yes	No
	C If line	e 20a is "	Yes," see instruction	ons and co										
		(1) 1:	st I		Liquidity s (2) 2n	shortfall as of en	d of quarter	of this pla (3)	n year 3rd			(4) 4th	<u> </u>	
		(1) 1	0		\Z/ ZII		0	(0)	J. u	0		(1) Tu	•	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	arget Normal Cost		
21	Discou	unt rate:					
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segm 7.5	ent: 52 %	N/A, full yield curve used
	b App	licable month (enter code)			21b	0
22	Weigh	ted average ret	tirement age			22	65
23	Mortal	ity table(s) (se	e instructions) X Pro	escribed - combined	Prescribed - separate	Substitu	ite
Pa	rt VI	Miscellane	ous Items				
24		•	nade in the non-prescribed ac	•	•		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions regarding required a	attachment	Yes X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructions regarding requ	ired attachmen	tX Yes No
27		•	o alternative funding rules, en			27	
Pa	rt VII		ation of Unpaid Minim				
28	Unpaid		uired contributions for all prior				23610
29			contributions allocated toward			2.7	0
30	Remai	ining amount of	f unpaid minimum required co	ntributions (line 28 minus line	29)	30	23610
Pa	rt VIII	Minimum	Required Contribution	For Current Year			
31	Targe	t normal cost a	nd excess assets (see instruc	tions):			
	a Targ	et normal cost	(line 6)			31a	0
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a		31b	0
32	Amorti	ization installme	ents:		Outstanding	Balance	Installment
	a Net	shortfall amorti	zation installment			0	0
	b Wai	ver amortizatio	n installment			0	0
33			approved for this plan year, er Day Year	3	0 1.	33	0
34	Total f	unding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a - 31b + 32a + 32b - 3	3) 34	0
				Carryover balance	Prefunding b	palance	Total balance
35			use to offset funding				
36	Additio	onal cash requi	rement (line 34 minus line 35)			36	0
37			ed toward minimum required c			37	0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)			
	a Tota	l (excess, if any	y, of line 37 over line 36)			38a	0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding stan	dard carryover balances	38b	0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	over line 37)	39	0
40	Unpaid	d minimum requ	uired contributions for all years	3		40	23610
Pai	t IX	Pension	Funding Relief Under I	Pension Relief Act of	2010 (See Instructio	ns)	
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:			
	a Sche	edule elected	-			Г	2 plus 7 years 15 years
	b Eligi	ble plan year(s) for which the election in line	41a was made			
42			n adjustment				
			celeration amount to be carrie			43	

Schedule SB - Part V - Summary of Plan Provisions

Employer and Plan Data Initial effective date 07/15/1959 Plan year begins 11/01/2012 Plan year ends 10/31/2013 Valuation date 11/01/2012 **Eligibility Requirements** Waiting period (mos) 6 Minimum age 21 Minimum age (mos) 0 **Normal Retirement** 65 Minimum age Minimum years of service 0 Minimum years of participation 5

Benefits

Pension Formula:

Benefit formula

Type of Formula:

Retirement date

Unit benefit non-integrated

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

Plan year start nearest

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 Vesting Schedule

Secondary 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

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 attachme	ent to Form	5500 or	5500-SF.			
For	calendar plan year 2012 or fiscal pl	an year beginning 11/01/	2012		and ending	g	10/31/	2013
	Round off amounts to nearest do							
		assessed for late filing of this report	unless reas	onable ca	use is established	d		,
	Name of plan REAGAN COMPAR ALBANY,	INC. EMPLOYEES PENSION	I TRUST		B Three-digit			001
					piarritianib	GI (I 14)		
C F	Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SF			D Employer Id	lentificat	ion Number (EIN)
Ι	REAGAN COMPAR ALBANY,	INC.			14-6028533		·	,
Ет	ype of plan: 🏻 Single 📗 Multiple	-A Multiple-B	Prior year pla	an size: 🏻	100 or fewer	101-50	00 More t	han 500
Pa	rt I Basic Information							
1	Enter the valuation date:	Month 11 Day 01	Year	2012				
2	Assets:			·				
	a Market value					2a		171072
						2b		171072
3	Funding target/participant count br				umber of participa		(2)	Funding Target
		ficiaries receiving payment	3a	(1)11	arribor or participa	0	(2)	0
		ts				1		78830
	c For active participants:					_		70030
			3c(1)					0
	* *							84495
						3		84495
			3d			Δ		163325
4		the box and complete lines (a) and (П	-1		103323
•		cribed at-risk assumptions	,		□ .	4a		
	b Funding target reflecting at-risk at-risk status for fewer than five	assumptions, but disregarding transition econsecutive years and disregarding	on rule for p	lans that l	have been in	4b		· · · · · · · · · · · · · · · · · · ·
5						5		7.16%
6			·····			6		0
State	ement by Enrolled Actuary							
а	o the best of my knowledge, the information sup ccordance with applicable law and regulations. I ombination, offer my best estimate of anticipated	plied in this schedule and accompanying schedule n'my opinion, each other assumption is reasonable experience under the plan	es, statements a e (taking into ad	and attachme count the ex	ents, if any, is complete perience of the plan an	and accura d reasonal	ate. Each prescrib ble expectations)	ned assumption was applied in and such other assumptions, in
	IGN Lw	white	sanfiam.				10/28/20	013
	Sig	gnature of actuary			-		Date	
CARI	SHALIT						110241	4
CARI	Type o	r print name of actuary			-		cent enrollme	
		Firm name						ding area code)
35 (CONGRESS STREET, STE 2				1010	P110110 1	anno (molu	ang area oodej
SALI	EM MA 01	970						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ddress of the firm						
f the	actuary has not fully reflected any re	gulation or ruling promulgated under	the statute i	n complet	ting this schedule,	check t	he box and s	ee

Pi	art II	Begi	inning of Yea	ar Carryo	over Prefunding Bala	nces				****			· · · · · · · · · · · · · · · · · · ·
,							(a) Carryover baland	e	(b)	Prefund	ding bal	lance
7 ——	year)				plicable adjustments (line 13				(
8	Portion prior ye	elected ear)	for use to offset	t prior year's	s funding requirement (line 3	35 from			(
9	Amoun	t remair	ning (line 7 minus	s line 8)					(
10					return of <u>10.37</u> %				(
11	Prior ye	ear's exc	cess contribution	s to be add	ed to prefunding balance:								
	a Prese	ent value	e of excess cont	ributions (lin	ne 38a from prior year)								
	b Intere	est on (a otherwis	a) using prior yea e provided (see	ar's effective instructions	interest rate of5.88)	% except							
	C Total	available	e at beginning of	current plan	year to add to prefunding bala	ance							
					balance								
12	Other re	eduction	ıs in balances dı	ie to electio	ns or deemed elections				0				
_13	Balance	at begi	inning of current	year (line 9) + line 10 + line 11d – line 1	2)			0				
Pa	art III	Fur	nding Percer	itages									
14	Funding	target	attainment perce	ntage							14	100	4.74%
15	Adjusted	d fundin	g target attainme	ent percenta	age						15		4.74%
	Prior ye	ar's fund	ding percentage	for purpose	es of determining whether ca	rrvover/prefi	ındina hala	inces may be used	d to rodu	100	16		
17	If the cu	rrent va	lue of the assets	of the plan	is less than 70 percent of the	ne funding ta	raet enter	such nercentage			17	/ (6.98%
N - C - C - C - C - C - C - C - C - C -	irt IV	3			ity shortfalls		3-1, -11101	each percentage.			1 11		<u>%</u>
STARTED CHARLE	CHARLES SEE SEE SEE SEE				year by employer(s) and em	nlovoos							
	(a) Date	;	(b) Amount		(c) Amount paid by	(a) [)ate	(b) Amount p	aid by		(c) Αmοι	unt naid	h
(MI	M-DD-YY	(YY)	employe	er(s)	employees	(MM-DD		employer				oyees	БУ
											******		***************************************
												~~~	
											7070		
						Totals ▶	18(b)			0 <b>18(c)</b>			0
19 i	Discounte	ed empl	over contribution	ıs – see ins	tructions for small plan with	a valuation d		ae beginning of the		0 .0(0)			U
á	a Contrib	outions a	allocated toward	unpaid min	imum required contributions	from prior v	ears		19a				
					djusted to valuation date				19b				0
					uired contribution for current y								0
			utions and liquidi			cai aujusieu i	o valuation	ı uale	19c				0
					he prior year?								
												Yes [	No
					tallments for the current yea		ımely manı	ner?	······		X	Yes	No
	, II ZUa IS	5 1 <del>U</del> S,	see instructions	and comple	ete the following table as ap		of th:-						
		(1) 1st			Liquidity shortfall as of er (2) 2nd	o quarter		n year 3rd			(4) 4th		
			0			0	(3)		0		(4) 4th		

P	art V Assumption	ns Used to Determine	Funding Target and 1	arget Normal Cost		
21				german cool		
	a Segment rates:	1st segment: 5 <b>.</b> 54 %	2nd segment: 6 . 85%	3rd segmen		N/A, full yield curve used
					. 21b	
_22	Weighted average retir				. 22	6
23	Mortality table(s) (see	instructions) X Pi	rescribed - combined	Prescribed - separate	Substit	ute
Pa	rt VI Miscellaneo	us Items				
24		ade in the non-prescribed ac	ctuarial assumptions for the cu	ırrent plan year? If "Yes," se	e instruction	ns regarding required
25	Has a method change	been made for the current p	lan year? If "Yes," see instru	ctions regarding required atta	chment	
26			Participants? If "Yes," see i			
27	If the plan is subject to	alternative funding rules, en	ter applicable code and see i	nstructions regarding	27	
Pa	ırt VII Reconciliat	tion of Unpaid Minim	um Required Contribu	tions For Prior Years		
28	7		years		. 28	23610
29	(line 19a)		d unpaid minimum required c		29	(
30	Remaining amount of u	unpaid minimum required co	ntributions (line 28 minus line	29)	. 30	23610
Pa	rt VIII Minimum R	Required Contribution	For Current Year			
31	Target normal cost and	d excess assets (see instruc	tions):			
					31a	(
			line 31a		31b	(
32	Amortization installmen			Outstanding Bala	ance	Installment
					0	
					0	
33		proved for this plan year, en ay Year	ter the date of the ruling letter	granting the approval	33	C
34	Total funding requireme	ent before reflecting carryove	er/prefunding balances (lines	31a - 31b + 32a + 32b - 33)	34	
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances elected for use requirement	e to offset funding				
36	Additional cash requirer	ment (line 34 minus line 35).			36	0
37	Contributions allocated	toward minimum required co	ontribution for current year adj	usted to valuation date	37	0
38	Present value of excess	contributions for current yea	ar (see instructions)		<u> </u>	
	a Total (excess, if any, o	of line 37 over line 36)			38a	0
	${f b}$ Portion included in line	e 38a attributable to use of p	prefunding and funding standa	ard carryover balances	38b	0
39	Unpaid minimum require	ed contribution for current ye	ear (excess, if any, of line 36 c	over line 37)	39	0
					40	23610
Par	t IX Pension Fu	inding Relief Under P	ension Relief Act of 2	010 (See Instructions)	·	
41	lf an election was made t	to use PRA 2010 funding rel	lief for this plan:			
	a Schedule elected					2 plus 7 years 15 years
			1a was made			
					42	
			over to future plan years		43	
			pan joars		70	

### 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

Attained Age Under 25	D ON O	Under 1 Avg. No. Comp	No. 0	1 To 4 Avg. Comp	No. 0	5 To 9 Avg. Comp	No. 0	10 To 14 Avg.  10. Comp 0 0	15.7 No.	15 To 19 Avg.  10. Comp  0 0	No. 0	20 To 24 Avg. 60. Comp 0 0	No. 0	25 To 29 Avg.  60. Comp  0 0	30 No.	30 To 34 Avg.  10. Comp  0 0	35 No.	35 To 39 Avg.  10. Comp	N 0 0	40 & Up Avg. No. Comp	<del></del>
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<del></del>
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35 to 39	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	,
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	,
45 to 49	0	0	0	0	0	0	0	0	0	0	Amort	0		0	0	0	0	0	0	0	
50 to 54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	,
55 to 59	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	·
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Name of plan: Reagan Compar Albany, Inc. Employees Pension Trust Plan sponsor's name: Reagan Compar Albany, Inc.

Plan number: EIN:

001 14-6028533