#### 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

2013

This Form is Open to Public Inspection

		Complete all entries in acc	cordance with the instruc	tions to the Form 550	JU-3F.		
Part I		Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending	12/31/2	2013	
<b>A</b> This	return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Chec	ck box if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter descri	ption)				
Part I	Basic Plan Info	rmation—enter all requested info	ormation				
	ne of plan				1b	Three-digit	
KRAMER	& DUNLEAVY LLP RET	IREMENT PLAN				plan number (PN) ▶	002
					1c	Effective date of	
						01/01/	/2004
	n sponsor's name and ad & DUNLEAVY LLP	ldress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b	Employer Identification (EIN) 81-05	
					2c	Sponsor's telep	
61 BROA		61 BROA	DWAY RK, NY 10006			212-226	
NEW YO	RK, NY 10006	NEW TO				54111	
3a Plar	n administrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
					3c	Administrator's t	elephone number
						, tarrii ilotrator o t	Siophone nambor
4 15.41-	a name and/or FINI of the		h -   t t		41-		
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b	EIN	
	nsor's name				4c	PN	
<b>5a</b> Tot	al number of participants	at the beginning of the plan year			5a		6
<b>b</b> Tot	al number of participants	at the end of the plan year			5b		5
		account balances as of the end of the		•	5c		
<b>6a</b> w	ere all of the plan's assets	s during the plan year invested in eli	igible assets? (See instruc	tions.)			X Yes No
	,	f the annual examination and report		. ,	,		X Yes □ No
		? (See instructions on waiver eligibil ither line 6a or line 6b, the plan ca					N 163 ∐ 110
		fit plan, is it covered under the PBG			_		Not determined
	•	· ·		<u> </u>			1 1101 401011111104
	· · ·	or incomplete filing of this return	•				-1-1 0-11-1-
SB or So		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.					
SIGN	Filed with authorized/	/valid electronic signature.	10/05/2014	LENORE KRAMER			
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
Prepare		name, if applicable) and address; inc	clude room or suite number				number (optional)

Form 5500-SF 2013 Page **2** 

Por	rt III   Financial Information											
Pa			()5 : : ()				() = 1 ()/					
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year 2742779					
<u>а</u> b	Total plan assets  Total plan liabilities	7a 7b		0			0					
	Net plan assets (subtract line 7b from line 7a)		236081				2742779					
8	•	7c	(a) Amount	•								
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:				(b) Total							
	(1) Employers	8a(1)	26500	0								
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	13143	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					396435					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)											
<u>e</u>	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					14466					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					381969					
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:					
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Par	Part V Compliance Questions											
10	During the plan year:				Yes	No	Amount					
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X						
b	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		300000					
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		X	55555					
е	Were any fees or commissions paid to any brokers, agents, or oth											
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X						
	instructions.)			10e		Χ						
	Has the plan failed to provide any benefit when due under the plan	n?		10f								
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X						
h	If this is an individual account plan, was there a blackout period? ( 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)											
11a	Enter the unpaid minimum required contribution for current year fr					11a	0					
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA? Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
а	<b>a</b> 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											
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk											
b	Enter the minimum required contribution for this plan year					12b						

Page	3 -		1
------	-----	--	---

С	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		
е	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?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# Single-Employer Defined Benefit Plan **Actuarial Information**

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

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

For clearled participants of plan year 2013 or fiscal plan year beginning 01012013 and edding 12/31/2013  Found of a momunits to nearest ofolar.  Founding A ponalty of \$1,000 will be assessed for late filling of this report unless reasonable causes  B Three-digit plan number (PN)		Pension be	neill Guaranty Corp	oration	File as	an attachme	ent to Form	5500 or	5500-SF.					
Name of plan   A Name of plan   B	For	calendar	plan year 2013	3 or fiscal plan ye	ear beginning 0	1/01/2013			and end	ling 12/3	31/201	3		
A Name of plan NRAMER'S DUNLEAVY LLP RETIREMENT PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KRAMER'S DUNLEAVY LLP  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2013  2 Assess: 2 28 2300610  A Multiple-A Multiple-B Prior year plan size: 100 or fewer 101-500 More than 500  Part I Bentor the valuation date: Month 01 Day 01 Year 2013  3 Funding target/participant count breakdown: 28 28 2300610  3 Funding target/participant count breakdown: 38 0 0 0 0  4 For retired participants and beneficialers receiving payment. 38 0 0 0 0  5 For active participants: 30 1 1 8850  C For active participants: 30 1 1 8850  C For active participants: 35 1 1 88669  C Fo														
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KRAMER & DUNLEAVY LLP  E Type of plan: Single				,000 will be ass	essed for late filing of	of this report	unless reaso	onable ca	use is establish	ned.		1		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KRAMER & DUNLEAVY LLP  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part 1 Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2013  2 Assests: 2  Assests: 3  A Market value 22 2 2360810  3 Funding target/participant count breakdown: 101-500 More than 500  3 Funding target/participant count breakdown: 2a 2 2360810  3 Funding target/participant count breakdown: 3a 0 0 0  D For terminated vested participants and beneficiations receiving payment. 3a 0 0 0  D For section participants and beneficiations receiving payment. 3a 0 0 0  D For terminated vested participants. 3b 1 1 86550  C For active participants: 3c(2) 1 985557  (2) Vested benefits 3c(2) 1 985557  (3) Total active. 3c(3) 6 1 1986505  (4) If the plan is in air-fisk status, check the box and complete lines (a) and (b). 4a Punding target disregarding prescribed air-fisk assumptions. 4a 0 1996245  4 If the plan is in air-fisk status, check the box and complete lines (a) and (b). 4a 1996245  5 Effective interest rate. 5 5 5.69 %  6 Target normal cost. 5 5 5.69 %  6 Target normal cost. 5 5 5.69 %  6 Target normal cost. 5 5 5.69 %  7 Tote best of mystode statinus of anticipation operations under frequency in the schedule and accounts the plan. 5 financians applied in this schedule and accounts in the schedule and accounts in the schedule and accounts in the plan and rescribed assumption was applied in control frequency. 5 5 5 5.69 %  6 Target normal cost. 5 5 5.69 %  7 Tote best of mystode statinus of anticipation operations under the plan. 5 6 9.409.6004  The control of the plan and rescribed assumption was applied in control frequency. 5 609-409-6004  Telephone number (including area code)  Address of the firm  Address of the firm  Address of the firm				D DETIDEMENT	F DI AN				<b>B</b> Three-d	igit			002	
E Type of plan:	IXIX/	AIVILIX & L	JONLLAV I LLI	FRETIKLIVILIVI	IFLAN				plan nur	nber (PN)		•		
E Type of plan:  Single  Multiple-A  Multiple-B  F Prior year plan size:  100 or fewer  101-500  More than 500  Part I Basic Information  1 Enter the valuation date:  Month  01  Day  01  Year 2013  2 Assets:														
E Type of plan:	C F	Plan spons	sor's name as s	shown on line 2a	a of Form 5500 or 55	00-SF			<b>D</b> Employer	· Identifica	tion Nu	ımber (	EIN)	
Part   Basic Information										81-055	8436	,	,	
Part I Basic Information  1 Enter the valuation date:										<u> </u>				
The content of the valuation date:   Month   1   Day   01   Year 2013	ЕТ	ype of pla	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	ın size: >	100 or fewer	101-5	00	More t	han 500	
The content of the valuation date:   Month   1   Day   01   Year 2013	Pa	art I F	Basic Inforn	nation					=		<u> </u>			
2 Assets:  a Market value					Month 01	Day 01	Year	2013						
a Market value			o valuation dat	<u> </u>		<i>-</i>			_					
B Actuarial value			et value							2a				2360810
Funding target/participant count breakdown:  a For retired participants and beneficiaries receiving payment.  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(3)  5 1986695  d Total.  4 If the plan is in at-risk status, check the box and complete lines (a) and (b).  a 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 5.69 %  6 Target normal cost.  5 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, for my best estimate of anticipated experience under the plan.  Signature of actuary  Most recent enrollment number  WILLIAM G PRUSLIN  Firm name  Firm name  Address of the firm  Address of the firm  fit he actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see														
a For retired participants and beneficiaries receiving payment	3							(1) N	lumber of partic			(2)	Funding Targe	
b For terminated vested participants:  C For active participants:  (1) Non-vested benefits  (2) Vested benefits  (3) Total active.  (4) Total.  (5) Total active.  (6) Total.  (7) Total active disregarding prescribed artisk assumptions.  (8) Funding target disregarding prescribed artisk assumptions.  (9) Funding target disregarding prescribed artisk assumptions.  (9) Funding target reflecting attrisk assumptions, but disregarding transition rule for plans that have been in artisk status for fewer than five consecutive years and disregarding loading factor.  (8) Effective interest rate.  (9) Effective interest rate.  (10) Effective interest rate.  (11) Effective interest rate.  (12) Effective interest rate.  (13) Effective interest rate.  (14) Effective interest rate.  (15) Effective interest rate.  (16) Effective interest rate.  (17) To the best of my involvedge, 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 anticipated experience under the plan.  SIGN  HERE  Signature of actuary  Date  UILLIAM G PRUSLIN  Firm name  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		ŭ				ent	. 3a	(.,	tarribor or partic	•		(-)	r unumg rungo	
C For active participants:  (1) Non-vested benefits 3c(1) 938 (2) Vested benefits 3c(2) 1985667 (3) Total active. 3c(2) 5 1985657 (d) Total 3d 6 1995245  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions 4 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in a t-risk status for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate 5 5 5.69 % 6 Target normal cost 5 5 5.69 % 6 Target normal cost 5 5 5.69 %  5 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 in the expensence of the plan and reasonable expectations) and such other assumptions, in combination, offer my base estimate of anticipated expensence under the plan.  SIGN HERE  Signature of actuary  Date  O9/18/2014  Signature of actuary  Most recent enrollment number  Mulliam G PRUSLIN  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			' '		01,					1				
(1) Non-vested benefits 3c(1) 3c(2) 4sted benefits 3c(2) 1985657 (3) Total active 3c(3) 5 1986595 (d) Total 3d active 3c(3) 5 1986595 (d) Total 3d 6 1995245  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a 1995245  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4b 1995245  5 Effective interest 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 5.69 % 6 Target normal cost 6 7 224075  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 caccordance with applicable was not 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 articipated experience under the plan.  SIGN  HERE  Signature of actuary  Date  09/18/2014  Signature of actuary  Most recent enrollment number  609-409-6004  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							1			·				0000
(2) Vested benefits 3c(2) 1985657 (3) Total active 3c(3) 5 1986595 d Total 6 1995245  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 1995245  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 1995245  5 Effective interest rate 5 5 5 5.89 % 6 Target normal cost 5 5 5.89 % 6 Target normal cost 5 5 5.89 % 6 Target normal cost 5 5 5.89 % 8 Target normal cost 5 5 5.89 % 8 Target normal cost 5 5 5.89 % 9 Target normal cost 5 5 5 5 5.89 % 9 Target normal cost 5 5 5 5 5.89							3c(1)							938
3c(3) 5 1986595 d Total														
d Total		` '					` ,			5				
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	4								П					1000210
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	•	•			·	` '	` '			42				
at-risk status for fewer than five consecutive years and disregarding loading factor		_		0.	•									
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  Date  WILLIAM G PRUSLIN  Type or print name of actuary  Most recent enrollment number  609-409-6004  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see										4b				
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and 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.  Signature of actuary  Date  WILLIAM G PRUSLIN  Type or print name of actuary  Most recent enrollment number  WILLIAM G PRUSLIN  Firm name  Firm name  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5	Effective	e interest rate							5				5.69 %
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	6	Target r	normal cost							6				224075
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		-		•										
Signature of actuary  Date  MILLIAM G PRUSLIN  Type or print name of actuary  MILLIAM G PRUSLIN  Type or print name of actuary  Most recent enrollment number  609-409-6004  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accordance v	vith applicable law a	ind regulations. In my	opinion, each other assum									
Signature of actuary  Date  MILLIAM G PRUSLIN  Type or print name of actuary  MILLIAM G PRUSLIN  Type or print name of actuary  Most recent enrollment number  609-409-6004  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	S	IGN												
Signature of actuary  WILLIAM G PRUSLIN  Type or print name of actuary  Most recent enrollment number  609-409-6004  Firm name  Firm name  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see												09/18/2	2014	
Type or print name of actuary  Most recent enrollment number  MILLIAM G PRUSLIN  Firm name  Firm name  Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Signat	ture of actuary									
Type or print name of actuary  Milliam G PRUSLIN  September 1  By CRESCENT WAY MONROE TWP, NJ 08831  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	WIL	LIAM G P	RUSLIN	3 -	,								561	
WILLIAM G PRUSLIN  Firm name  Firm name  Telephone number (including area code)  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Type or pri	int name of actuary					Most r	ecent			
Firm name  89 CRESCENT WAY MONROE TWP, NJ 08831  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	WIL	LIAM G P	RUSLIN	. , , , , , , , , , , , , , , , , , , ,	,									
Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				F	ïrm name					elephone				e)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				·						Сюртопо		. (	amig aroa coa	~,
				Addr	ess of the firm				_					
			nas not fully refl	lected any regula	ation or ruling promu	lgated under	the statute	in comple	eting this sched	lule, check	the bo	ox and	see	

Page	2	-
------	---	---

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
	-						<b>(a)</b> C	arryover balance	;	(b)	Prefundi	ng balance	
7		Ū	. ,		cable adjustments (line 13 fr	•		:	52810			542488	
8			•	-	unding requirement (line 35				0			0	
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)				:	52810			542488	
10	Interest	t on line 9	using prior year's	actual ret	urn of <u>9.27</u> %				4895			50289	
11	Prior ye	ear's exce	ess contributions to	o be added	I to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)					149063			
	<b>b</b> Interest on (a) using prior year's effective interest rate of6.65 % except as otherwise provided (see instructions)											9913	
C Total available at beginning of current plan year to add to prefunding balance												158976	
<b>d</b> Portion of (c) to be added to prefunding balance											158976		
12 Other reductions in balances due to elections or deemed elections											0		
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)										751753		
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ttainment percent	age							14	77.75 %	
15			g target attainmen								15	118.32 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									16	77.48 %			
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of the	funding targ	et, enter si	uch percentage			17	%	
P	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:							
(N	(a) Dat 1M-DD-Y		<b>(b)</b> Amount page employer(		<b>(c)</b> Amount paid by employees	(a) Da (MM-DD-)		(b) Amount p employer		(		nt paid by oyees	
09	/09/2014	1		165000									
09	9/11/2014	4		100000									
						Totals ►	18(b)		265000	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with a	a valuation da	ate after th	e beginning of th	e year:				
	<b>a</b> Cont	ributions	allocated toward ι	unpaid min	imum required contributions	from prior ye	ars		19a			0	
	<b>b</b> Cont	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b			0	
	<b>C</b> Conti	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted to	o valuation	date	19c			232836	
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:								
	<b>a</b> Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No	
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	installments for the current	year made ir	n a timely r	manner?			 	Yes No	
	<b>C</b> If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table as	s applicable:					<u> </u>		
					Liquidity shortfall as of er	nd of quarter	of this plar	n year					
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost								
21	Discount rate:		<u> </u>									
	a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		N/A, ful	l yield cu	rve us	sed			
	<b>b</b> Applicable month (	enter code)			21b				1			
22	Weighted average ret	irement age			22				65			
23	Mortality table(s) (see			scribed - separate	Substitute							
Pa	rt VI Miscellane	ous Items			<u> </u>							
24			tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired					
	-	·					· —	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		Ye	es X	No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Ye	es X	No			
27	'	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27			<u>,</u>				
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years								
28		•	years		28				0			
29			d unpaid minimum required contrib		29							
	(line 19a)				<b>!</b>				0			
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line 29).		. 30				0			
Pa	rt VIII Minimum	Required Contribution	For Current Year									
31	Target normal cost a	nd excess assets (see instruc	tions):									
	a Target normal cost	(line 6)			31a			22	24075			
	<b>b</b> Excess assets, if ap	oplicable, but not greater than	line 31a		31b				0			
32	Amortization installment	ents:		Outstanding Bala	ance	In	stallment	t				
	a Net shortfall amortiz	zation installment			0			0				
	<b>b</b> Waiver amortization	n installment			0				0			
33			nter the date of the ruling letter grai		33							
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34	224075						
			Carryover balance	Prefunding bala	nce	Tot	al balanc	e				
35	Balances elected for requirement	use to offset funding	C		0				0			
36	Additional cash requir	rement (line 34 minus line 35)			36			22	24075			
37	Contributions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37			23	2836			
38	Present value of exce	ess contributions for current ye	ear (see instructions)									
			,		38a				8761			
			prefunding and funding standard o		38b				0			
39			ear (excess, if any, of line 36 over		39				0			
40			3		40				0			
Pa		·	Pension Relief Act of 2010		)							
41		de to use PRA 2010 funding re			<u> </u>							
		<del>_</del>	Short for this plan.		Π,	2 plus 7 year	е П1	5 yea	re			
			41a was made					20 <sup>2</sup>				
42							2010		1.1			
		-			42							
43	∟xcess installment ac	ceieration amount to be carrie	ed over to future plan years		43							

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). OMB No. 1210-0110

2013

This Form is Open to Public Inspection

File as an attachm	ent to Form 5	500 or 5	500-SF.				
or calendar plan year 2013 or fiscal plan year beginning 1/1/2013			and endir	ng 12/31	1/2013		
Round off amounts to nearest dollar.	Luniace ecess	abla	na in aatabliat -	od.			
Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reason			•			
Name of plan			B Three-dig			002	
ramer & Dunleavy, L.L.P. Retirement Plan		ŀ	plan num	ber (PN)			
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			<b>D</b> Employer I	dentificatio	n Numb	er (EIN)	
ramer & Dunleavy, L.L.P.				8	10558	436	
		. []	400 - 6			ore than 500	
Type of plan: x Single Multiple-A Multiple-B	Prior year plan	size: 🗙	100 or lewer	101-300	)   IVIC	ore than 500	
Part I Basic Information							
Enter the valuation date: 1/1/2013							
Assets:				2-		236081	
a Market value				2a			
b Actuarial value				2b		236081	<u>U</u>
Funding target/participant count breakdown:	3-	(1) N	umber of particip	pants		(2) Funding Target 0	
a For retired participants and beneficiaries receiving payment			0	-		8650	
<b>b</b> For terminated vested participants	3D		1			8030	_
<b>c</b> For active participants:	20(1)			-		938	
(1) Non-vested benefits	- (-)			-		1985657	
(2) Vested benefits	0 (0)		5			1986595	
(3) Total active			6			1995245	
d Total						10002.10	-
				4a			
<ul><li>a Funding target disregarding prescribed at-risk assumptions</li><li>b Funding target reflecting at-risk assumptions, but disregarding tra</li></ul>							
b Funding target reflecting at-risk assumptions, but disregarding tra at-risk status for fewer than five consecutive years and disregard	ing loading fact	or		4b			
Effective interest rate				5		5.69	
Target normal cost				6		224075	
atement by Enrolled Actuary							
To the best of my knowledge, the information supplied in this schedule and accompanying sche accordance with applicable law and regulations. In my opinion, each other assumption is reason	dules, statements an nable (taking into acc	nd attachm count the e	ents, if any, is compl xperience of the plar	ete and accur: and reasonal	ate. Each p ble expecta	rescribed assumption was itions) and such other assu	mptio
combination, offer my best estimate of anticipated experience under the plan.							
SIGN HERE WY Mison & Tuns	V. S				0/40/	2004.4	
HERE 147 LIMM OF 100000					9/18/		
Signature of actuary						ate	
William G. Pruslin					1402		
Type or print name of actuary				Most re		rollment number	
William G. Pruslin						096004	
Firm name			Т	elephone i	number (	(including area code	)
39 Crescent Way							
Monroe TWP NJ 088	31						
Address of the firm			<del></del>				
the actuary has not fully reflected any regulation or ruling promulgated unc	der the statute i	n comple	eting this sched	ule, check	the box	and see	П
the actuary has not fully reflected any regulation of fulling promulgated unc			rm 5500 or 550			hedule SB (Form 5	

Pa	rt II	Begin	ning of year o	arryover	and prefunding bal	ances	1 <u>4 4 1 </u>							
			<u> </u>				(a) C	arryover balance		<b>(b)</b> Pi	refundi	ng balance		
7					ble adjustments (line 13 fr			52810			5424	38		
8			•	•	ding requirement (line 35 t	1		0			0			
9	Amoun	t remainin	ıg (line 7 minus lin	e 8)				52810			5424	88		
10	Interes	t on line 9	using prior year's	actual retur	n of 9.27 %			4895			5028	39		
11					o prefunding balance:									
					38 from prior year)					*	149063			
	<b>b</b> Inte	erest on (a erwise pro	) using prior year' ovided (see instruc	s effective ra	ate of 6.65 % except	as					9913			
	<b>c</b> Tota	al available	e at beginning of cu	rrent plan ye	ar to add to prefunding bala	nce					1589	76		
	<b>d</b> Por	tion of (c)	to be added to pr	efunding bal	ance						1589	76		
12	Other r	reductions	in balances due t	o elections o	or deemed elections			0			0			
13	Balanc	e at begin	ning of current ye	ar (line 9 + li	ine 10 + line 11d – line 12)			57705			7517	53		
P	art III	Fund	ding percenta	ges										
14	Fundin	ig target a	ttainment percent	age							14	77.75 %		
15	Adjuste	ed funding	target attainment	percentage							15	118.32 %		
16	Prior ye	ear's fund t year's fui	ing percentage for nding requirement	r purposes o	f determining whether carr	yover/prefur	nding balan	ces may be used to	reduce		16	77.48 %		
17	If the c	urrent vali	ue of the assets o	f the plan is	less than 70 percent of the	funding tar	get, enter si	uch percentage			17	%		
P	art IV	Con	tributions and	d liquidity	shortfalls									
18	Contrib	outions ma	ade to the plan for	the plan yea	ar by employer(s) and emp	loyees:								
(N	(a) Da 1M-DD-Y		<b>(b)</b> Amount pa employer(	- 1	(c) Amount paid by employees	<b>(a)</b> D (MM-DD-		(b) Amount paid employer(s)	by	(c	,	ent paid by oyees		
	9/9/20	)14		165000	0									
	9/11/2	014		100000	0									
										<del></del>				
						Totals ▶	18(b)	265	5000	18(c)		0		
40		<del></del>			ti fee emall plan with	<del></del>		<del></del>	·····					
19			=		uctions for small plan with num required contributions			1 .	19a		C	]		
								<u> </u>	19b			)		
					usted to valuation date			<u> </u>	19c		232	836		
					red contribution for current y	ear aujusteu	to valuation	uate	,50					
20		•	outions and liquidi		e prior year?						[	Yes X No		
					allments for the current year							Yes No		
					te the following table as ap									
	C IT 20	uais Yes	, see instructions	and comple	Liquidity shortfall as of e		r of this pla	n year						
		(1) 1:	st		(2) 2nd			3rd			(4) 41			
			0		(	)		0				0		

Pa	rt V	Assumptio	ens used to determine f	unding target and tar	rget normal cost		
21	Disco	unt rate:					
	a Se	egment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segme 6.76	ent: %	N/A, full yield curve used
	<b>b</b> Ap	oplicable month	(enter code)			21b	1
22	Weigh	nted average ref	tirement age			22	65
23		lity table(s) (se		scribed - combined	Prescribed - separate	Substitut	e
Pa	rt VI	Miscellane	ous items				
		l	made in the non-prescribed actu	uarial assumptions for the c	urrent plan year? If "Yes." s	ee instructions	regarding required
	attach	nment					Yes X No
25	Has a	method change	e been made for the current pla	ın year? If "Yes," see instru	ictions regarding required at	tachment	
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see	instructions regarding requir	ed attachment.	Yes X No
27			for (and is using) alternative fur	•		27	
Pa	rt VII	Reconcilia	ation of unpaid minimu	m required contribu	tions for prior years		
28	Unpa	id minimum requ	uired contributions for all prior	ears		28	0
29			r contributions allocated toward			23	0
30	Rema	aining amount of	f unpaid minimum required con	tributions (line 28 minus lin	e 29)	30	0
Pa	rt VIII	Minimum	required contribution f	or current year			
31	Targe	et normal cost a	and excess assets (see instruct	ons):			
	<b>a</b> Tar	rget normal cost	t (line 6)				224075
	<b>b</b> Ex	cess assets, if a	applicable, but not greater than	31a		31b	0
32	Amor	tization installm	ents:		Outstanding B	salance	Installment
	a Ne	et shortfall amort	tization installment			0	0
	b W	aiver amortizatio	on installment			0	0
33	lf a w (	aiver has been	approved for this plan year, en		er granting the approval ount	33	
34	Total	funding require	ment before reflecting carryove	r/prefunding balances (line	s 31a - 31b + 32a + 32b - 33	34	224075
		<u> </u>		Carryover balance	Prefunding b		Total balance
35			use to offset funding		0	0	0
36			irement (line 34 minus line 35).			36	224075
	Contr	ributions allocate	ed toward minimum required co	ontribution for current year a	idjusted to valuation date	37	232836
20			ess contributions for current ye				
- 30			ny, of line 37 over line 36)			38a	8761
			n line 38a attributable to use of			<del></del>	0
39			quired contribution for current ye			<del> </del>	0
40			quired contributions for all years			40	0
	rt IX		funding relief under Pe			1	
		<del></del>	ition base is being amortized pu	2,11		· ·	
			nion base is being amortized po				2 plus 7 years 15 years
			s) for which the election in line				
12			on adjustment			40	
			cceleration amount to be carrie			10	