### 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	lance with the instruc	ctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 1	2/31/20	013	
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
				n/report (less than 12 mo	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
Dort II	Basic Blan Infor	mation—enter all requested information	•				
Part II		mation—enter all requested informa	ation		1h	Thurs dist	I
<b>1a</b> Name		C. PENSION PLAN TRUST				Three-digit plan number	
DANDANA L	FRANCO, C.F.A., F.C	2. FENSION FLAN TROST				(PN) ▶	003
						Effective date o	f plan
						01/01	
	ponsor's name and add E. FRANCO, C.P.A., P.0	lress; include room or suite number (elC.	mployer, if for a single-	employer plan)			fication Number 57172
2604 HEMD	CTEAD THOMDIVE				2c	Sponsor's telep	
LEVITTOWN	STEAD TURNPIKE N, NY 11756				2d		(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b .	Administrator's	
					3c /	Administrator's	telephone number
<b>A</b> 16.45		when an area are the same of all area the same			41.		
		plan sponsor has changed since the laber from the last return/report.	ast return/report filed to	or this plan, enter the	4b	EIN	
	or's name	iber from the last return report.			4c	PN	
		at the beginning of the plan year			5a		2
_		at the end of the plan year			5b		2
		ccount balances as of the end of the p	• •	•	5c		
_		during the plan year invested in eligible					X Yes No
		the annual examination and report of a					
		(See instructions on waiver eligibility a					X Yes No
-		her line 6a or line 6b, the plan cann					-
C If the p	olan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is e	established.	
		er penalties set forth in the instructions					able. a Schedule
SB or Sche		d signed by an enrolled actuary, as we					
SIGN	Filed with authorized/v	ralid electronic signature.	10/06/2014	BARBARA FRANCO C	CPA		
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individu	ual sinr	ning as employe	er or plan enoneor
Preparer's		ame, if applicable) and address; includ					number (optional)
	, <b>J</b>	, , , , , , , , , , , , , , , , , , , ,		` ' '	- 14 -	- 1	(
				_			

Form 5500-SF 2013 Page **2** 

Do	rt III   Financial Information							
Pa			()5 : : ()				//\= \ /\/	
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Year	
<u>а</u>	Total plan assets	7a 		0	-		1280607	
	Total plan liabilities	7b	112096		-			
	Net plan assets (subtract line 7b from line 7a)	7c		U		1280607		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:  (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	15964	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					159647	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	,			0				
	Administrative service providers (salaries, fees, commissions)	8f		0				
<u>g</u>	Other expenses	8g		U			0	
<u>-n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
÷	Net income (loss) (subtract line 8h from line 8c)	8i					159647	
	Transfers to (from) the plan (see instructions)	8j		0				
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a		tions within	n the time period described in		163	NO	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corr	ection Program)	10a		X		
D	on line 10a.)			10b		X		
С				100	X		12	80000
	<u> </u>			10c			13	0000
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	ner person	s by an insurance carrier,					
	insurance service, or other organization that provides some or all instructions.)			10e		Χ		
f						X		
				10f		Χ		
<u> </u>				10g		^		
h	2520.101-3.)			10h				
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)							No
112	Enter the unpaid minimum required contribution for current year fr					11a		1
12							ERISA?	No
14	Is this a defined contribution plan subject to the minimum funding			UI SE	ะเเบท	JU∠ OT	LNIOA!   165 A	, INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard to a prior year is being standard to a prior year.	ng amortiz	ed in this plan year, see instruc		, and e	_		g
14	you completed line 12a, complete lines 3, 9, and 10 of Schedule			เท		Day	Year	
	Enter the minimum required contribution for this plan year	•				12b		
	r incarne immunon reconteu componicio IOI IIIS DIAN VEAL						i e	

Page	3 -	1
raye	J	

Enter the amount contributed by the employer to the plan for this plan year	12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	[	Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		Yes	X No
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.)				
<b>3c(1)</b> Name of plan(s): 13c	(2) EII	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
Name of trust	<b>4b</b> Tru	ust's EIN		
1 1	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)	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)	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)	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  Has a resolution to terminate the plan been adopted in any plan year?  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3)

# 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-SE

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

					File as	an attachm	ent to Form	5500 or	5500-	SF.					
Foi	calendar	plan year 2013	or fiscal plan ye	ear begin	ning 0	1/01/2013				and end	ing 12	2/31/20	)13		
		f amounts to n													
<u> </u>	Caution:	A penalty of \$1,	,000 will be ass	essed for	late filing of	of this report	unless reas	onable ca	ause is	s establish	ed.			1	
	Name of p	lan FRANCO, C.P	.A., P.C. PENS	ION PLAI	N TRUST				В	Three-di	_	IV	•	003	
										piarriun	ibei (i i	4)			
		sor's name as s		a of Form	5500 or 55	500-SF			D	Employer	Identific	ation I	Number	(EIN)	
BAI	RBARA E.	FRANCO, C.P.	.A., P.C.								11-32	57172	2		
E	Type of pla	n: X Single	Multiple-A	Multip	le-B	F	Prior year pl	an size:	X 100	or fewer	101	-500	More	than 500	
Pa	art I	Basic Inform	nation												
1		e valuation date		Month12	2	Day <u>31</u>	Year_	2013	_						
2	Assets:														
	<b>a</b> Marke	t value									2a				329606
	<b>b</b> Actua	rial value									2b				329606
3	Funding	target/participa	nt count break	down:				<b>(1)</b> N	lumbe	r of partic	pants		(2)	Funding Targe	t
	<b>a</b> For re	tired participant	ts and beneficia	ries recei	ving payme	ent	3a					0			0
	<b>b</b> For te	rminated vested	d participants				3b					0			0
	<b>C</b> For a	ctive participants	s:												
	(1)	Non-vested b	enefits				3c(1)	]							0
	(2)	Vested benef	its				3c(2)	1							152296
	(3)	Total active					3c(3)					2			152296
	<b>d</b> Total											2			152296
4	If the pla	an is in at-risk st	tatus, check the	box and	complete l	ines (a) and	(b)		.П.						
	<b>a</b> Fundi	ng target disreg	arding prescrib	ed at-risk	assumptio	ns					4a				
		ng target reflect	0.		•						4b				
	at-	risk status for fe	wer than five c	onsecutiv	e years and	d disregardiı	ng loading fa	ctor							
5	Effective	e interest rate									5				6.15 %
6	Target r	ormal cost									6				59352
	-	Enrolled Actu	•												
	accordance v	f my knowledge, the vith applicable law ar offer my best estima	nd regulations. In my	opinion, eac	h other assum										
Ş	SIGN														
	IERE												10/02/2	2014	
			Signa	ture of ac	tuary				_				Date		
MIC	HAEL FR	ANK	_		-								14-02	440	
			Type or pri	int name	of actuary				_		Mos	recer	nt enrollm	nent number	
MIC	HAEL FR	ANK, FSA			·								212-50	67-1464	
			F	irm name					_	Т	elephor	e num		uding area code	e)
	ARDEN S N YORK,	STREET NY 10040												<b>J</b>	-,
			Addr	ess of the	e firm				_						
16.41															
	e actuary huctions	as not fully refle	ected any regul	ation or ru	ılıng promu	ligated unde	er the statute	ın comple	eting t	his schedi	ule, che	ck the	box and	see	

Schedule SB (Form 5500) 2013

Pa	rt II	Begir	ning of Year	Carryov	er and F	Prefunding B	alances										
							_		(a) (	Carryover balanc	е	(b)	Prefund	ng balar	ice		
7		-	nning of prior year		-	•	•				0				68783		
8			for use to offset pr	-	-						0				0		
9			ng (line 7 minus lir								0	0 6878					
10	Interest	t on line 9	using prior year's	actual ret	turn of	11.37%					0				7821		
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefun	ding balance:											
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from	prior year)									50909		
			) using prior year's provided (see ins												0		
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add t	to prefunding balar	nce								50909		
	<b>d</b> Portion of (c) to be added to prefunding balance														50909		
12	Other re	eductions	s in balances due	to election	s or deem	ed elections					0			1	27513		
13	Balance	nce at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				0			
P	art III	Fun	ding Percenta	iges													
14	Funding	g target a	ttainment percent	age									14	216	6.42 %		
15	Adjuste	ed funding	g target attainmen	t percenta	ge								15	155	5.73 %		
16			ling percentage fo nding requirement									e	16	96	5.43 %		
17	If the cu	urrent val	ue of the assets o	f the plan i	is less thar	n 70 percent of the	e funding tar	get, e	enter s	such percentage.			17		%		
Pa	art IV	Con	tributions and	d Liquid	lity Shor	rtfalls											
18	Contrib	utions m	ade to the plan for	the plan y	ear by em	ployer(s) and em	ployees:										
(N	<b>(a)</b> Dat IM-DD-Y		(b) Amount pa employer(			nount paid by mployees	<b>(a)</b> D (MM-DD		Y)	(b) Amount p employer		(		ınt paid t oyees	у		
							Totals ►	1	18(b)		0	18(c)			0		
19	Discour	nted emp	loyer contributions	s – see ins	tructions for	or small plan with	a valuation	date a	after th	he beginning of th	ne year:						
	<b>a</b> Cont	ributions	allocated toward u	ınpaid min	nimum requ	uired contributions	s from prior y	ears.			. 19a				0		
	<b>b</b> Conti	ributions	made to avoid res	trictions a	djusted to	valuation date					. 19b				0		
	<b>C</b> Conti	ributions a	allocated toward mi	nimum req	uired contri	bution for current y	ear adjusted	to va	luatior	n date	. 19c				0		
20		-	outions and liquidit	-							L			- r	_		
			nave a "funding sh										<u></u>	Yes	No		
			Yes," were require		-		-		imely	manner?			<mark>&gt;</mark>	Yes	No		
	C If line	e 20a is "	Yes," see instruction	ons and co					.:!								
		(1) 19	st I			ty shortfall as of e 2nd	nd of quarte	r of th	11s pla (3)	an year 3rd			(4) 4t	<u> </u>			
		( ) (			\-/	-			(*)				.,				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Segi	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	<b>b</b> Appl	icable month (	enter code)			21b				4
22	Weight	ed average ret	tirement age			22				65
23	Mortalit	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	guired		
		-			•				Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attach	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, en	er applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		<del>_</del>	years		28				0
29			•	I unpaid minimum required contrib		29				
	(line 19	9a)						0		
30	Remair	ning amount of	funpaid minimum required cor	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 instruct	ions):						
	<b>a</b> Targe	et normal cost	(line 6)			31a				59352
	<b>b</b> Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				59352
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	<b>b</b> Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter gran		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	nce	То	tal bala	ance	
35			use to offset funding	C						0
36	Additio	nal cash requir	rement (line 34 minus line 35).		I	36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	•		ess contributions for current ye							
						38a				0
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40		-		3	•	40				0
	rt IX			Pension Relief Act of 2010		l				
			de to use PRA 2010 funding re		(Coo mon donono	,				
				mer for the plan.			2 plus 7 yea	rs 「	15 \	years
				41a was made				2010	_	2011
12			,			42		12010	Ш	2011
				d		<u> </u>				
43	⊏xcess	installment ac	celeration amount to be carrie	d over to future plan years		43				

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	For Funding Min Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1 4.94% 1.39%	Seg 1 1.36%	Pre-Retirement 3.76%
	Seg 2 6.15% 4.05%	Seg 2 4.60%	Post-Retirement 3.76%
	Seg 3 6.76% 5.08%	Seg 3 5.58%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement			1 mary mon
Mortality	2013 Applicable Mortality Table from Rev Rul 2006-67	Mortality Table from	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form Fo	or Funding	Lump Sum	= - / V4
Calculated Effective Inter	est Rate	6.15%	

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

#### OMB Nos. 1210-0110 Form 5500-SF Short Form Annual Return/Report of Small Employee 1210-0069 Benefit Plan Department of the Treasury internal Revenue Service 2013 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). Department of Labor Employee Benefits Security Administra This Form is Open to Public Inspection Penalon Senett Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-8F. Part I Annual Report Identification Information For calendar plan year 2013 or flacal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: X Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number Barbara E. Franco, C.P.A., P.C. Pension Plan Trust (PN) Effective date of plan 01/01/2000 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Barbara E. Franco, C.P.A., P.C. (EIN) 11-3257172 2C Sponsor's telephone number 3601 HEMPSTEAD TURNPIKE 516-520-4200 2d Business code (see instructions) LEVITTOWN 11756 541211 38 Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 3b Administrator's EIN 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN & Sponsor's name 52 Total number of participants at the beginning of the plan year ...... 58 2 b Total number of participants at the end of the plan year ..... 6b 2 C Number of participants with account balances as of the end of the plan year (defined banefit plans do not 5c complete this item) X Yes No 68 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes | No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form \$500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No 📗 Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless ressonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Barbara Franco CPA SIGN HERE Enter name of individual signing as plan administrator Signature of plan admin strator SIGN Enter name of individual signing as employer or plan sponsor

Form 5500-8F (2013) For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 8600-SF.

Preparer's telephone number (optional)

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	112	2096	0		1280607
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	11:	2096	0		1280607
8	Income, Expenses, and Transfers for this Plan Year	٠.	(a) Amount				(b) Total
а	Contributions received or receivable from:				0		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)			0	28 3) 3 3/19	
	(3) Others (including rollovers)	8a(3)		-064	٠,		
	Other income (loss)	8b		5964	<del>'</del>		150645
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c			-		159647
u	to provide benefits)	8d			0		
8	Certain deemed and/or corrective distributions (see instructions)	8e			0	1	
f	Administrative service providers (salaries, fees, commissions)	. 8f			0		
g	Other expenses	8g			0	1-979	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					159647
j	Transfers to (from) the plan (see instructions)	- 8j			0		
Pa	t IV Plan Characteristics	<u> </u>					
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	1A 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	L Compliance Occasions						
10	•				Yes	No	I
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		105		Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C	Was the plan covered by a fidelity bond?			10c	х		130000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	insurance service, or other organization that provides some or all					х	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h			
i 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 fi	rom Sched	ule SB (Form 5500) line 39			11a	
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						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling 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	

C Enter the amount contributed by the employer to the plan for this plan year									
		_							
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	1	2c	ı					
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)	1	2d		, ,				
0				İΠ	Yes	П	No	Пи	Ά
								<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?	[	X	Yes		No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a						_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	con	trol	T			 ∏ Y€	s 🗓	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s			-					
1	Sc(1) Name of plan(s):	13c(	2) E	IN(s	)		13c	(3) PN(	s)
						_			
						_			_
						_			_
Part	VIII Trust Information (optional)								
14a N	ame of trust	14	b 1	rust	's EIN				

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

# Single-Employer Defined Benefit Plan Actuarial Information

2013

OMB No. 1210-0110

Internal Revenue Service  Department of Labor  Employee Senafts Security Administration  Pension Benefit Gueranty Corporation	Retirement income S	ruired to be filed under a security Act of 1974 (ER ternal Revenue Code (t an attachment to Form	ISA) and a he Code).	section 6059 of	ree i the	This		Open to Public ection
For calendar plan year 2013 or fiscal		01/01/2013		and end	Jing	12/	31/201	3
Round off amounts to nearest d								
Caution: A penalty of \$1,000 will l	on assessed for late filing or	f this report unless rear	ionable ca	use is establisi	1ed.			
A Name of plan				B Three-d	igit			
Barbara E. Franco, C.	P.A., P.C. Pensi	ion Plan Trust		plan nur	nber (PN)	) <b>&gt;</b>	. 1	003
C Plan sponsor's name as shown on	line 2a of Form 5500 or 550	00-SF		D Employer	Identifica	ition Nur	nber (EIN)	
Barbara E. Franco, C.	P.A., P.C.			11-32571	72			_
E Type of plan: X Single  Multip	la-A Multiple-B	F Prior year pi	en size: X	100 or fewer	□ 1012	500 N	More than	500
Part I Basic Information				1000 01 1000	11 .0.2	~~ []		
1 Enter the valuation date:	Month 12 p	Day 31 Year	2013					•
2 Assets:	WORDS 12 D	Day 31 Year	2013	<del>*</del>		γ		
a Market value					-	<del> </del>		
b Actuarial value					2a	<del> </del>		32960
_					2b	<del> </del>		32960
			(1) No	umber of partic		<del> </del> -	(2) Fund	ling Target
For retired participants and ber						1		······································
b For terminated vested participa	ints	3b	ļ		0	1		****
C For active participants:			1			<u> </u>		
(1) Non-vested benefits			1					
(2) Vested benefits			ļ			ļ		15229
(3) Total active					2			15229
d Total			<u> </u>	<u>,</u>	2	ļ		15229
4 If the plan is in at-risk status, che				_		İ		
a Funding target disregarding pro	scribed at-risk assumption	<b>6</b>	***********		4a			
b Funding target reflecting at-risk at-risk status for fewer then	five consecutive years and	disregarding loading fa	ctor	have been in				
5 Effective interest rate				***************************************	, 5			6.15%
6 Target normal cost				*******************	6			5935
To the best of my knowledge, the information a accordance with applicable lew and regulations combination, offer my best estimate of anticipal		senying schedules, stalemenis ion is reseonable (taking into a	end attachme ccount the ex	nts, Weny, le compt perience of the plan	ete and accu and ressons	rete. Each able expect	prescribed as alions) and a	sumption was applied in ich other assumptions, is
SIGN HERE	Michael 7	the	····			10/0	2/2014	
ichael Frank	Signature of actuary						ate 02440	
Type ichael Frank, FSA	or print name of actuary						rollment n 67-146	
	Firm name			Te	siephone	number	(including	area code)
00 Arden Street					-		_	•
ew_York NY 1	0040							
ew York NY 1	0 0 4 0 Address of the firm		<del></del>	?				
the actuary has not fully reflected any structions		saled under the statute	in complet	ing this schedu	ile. check	the box	and see	
			cp.c.		,		ania 555	

Pa	art II	Begir	nning of Year	Carryov	er Prefunding Balan	ces								
-							(a) Carryover balance		)	(b) Prefundi		ing bala	ng balance	
7 Balance at beginning of prior year after applicable adjustments (line 13 from p year)						from prior			0				68783	
Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									o			C		
9 Amount remaining (line 7 minus line 8)									0				68783	
10 Interest on line 9 using prior year's actual return of11.37%									0				7821	
11 Prior year's excess contributions to be added to prefunding balance:														
	a Pres	ent value	of excess contrib	outions (line	38a from prior year)								50909	
b Interest on (a) using prior year's effective interest rate of0.00% except as otherwise provided (see instructions)											·	C		
					ear to add to prefunding bala	- 1							50909	
	<b>d</b> Porti	ion of (c)	to be added to pr	efunding ba	alance								50909	
12	Other r	eductions	s in balances due	to election	s or deemed elections				0	1111111111			127513	
13	Balanc	e at begi	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0				(	
P	art III	Fun	ding Percent	ages										
								······································			14	216	.42%	
			g target attainmer								15	155	5.73%	
	current	year's fu	inding requiremen	<u>ıt</u>	of determining whether car						16	96	5.43%	
17	If the cu	urrent val	lue of the assets o	of the plan i	s less than 70 percent of th	e funding targ	et, enter	such percentage			17		%	
Pi	art IV	Con	tributions an	d liquidi	ty shortfalls									
18	Contrib	utions m	ade to the plan fo	r the plan y	ear by employer(s) and em	ployees:								
/N/	(a) Dat		(b) Amount paid by (c) Amount paid by			(a) Date (b) Amount pa			(	c) Amou		by		
(IV	M-DD-Y	111)	employer	(S)	employees	(MM-DD-	YYYY)	employer	(S)	<del>                                     </del>	empl	oyees		
										-				
	· · · · · · · · · · · · · · · · · · ·													
										<del> </del>			<del></del>	
											<del> « </del>			
						1								
					***************************************					<u> </u>				
*****										<del> </del>				
										<del>                                     </del>				
•		4,545				Totals ▶	18(b)			0 18(c)	T		0	
19	Discour	nted emp	lover contributions	s – see inst	tructions for small plan with	a valuation d		he heginning of the			1			
									19a				0	
a Contributions allocated toward unpaid minimum required contributions from prior years.      b Contributions made to avoid restrictions adjusted to valuation date										0				
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date										0				
20 Quarterly contributions and liquidity shortfalls:														
a Did the plan have a "funding shortfall" for the prior year?														
h 16 200 in Was "Turner and itself market in the Harrist Coults and the Country of the Country o							H							
					ete the following table as ap		mory mai		 Г		<u>X</u>	Yes	∐ No	
	₩ 11 ZUE	. 10 1 <b>6</b> 5,	See monucuons	and comple	Liquidity shortfall as of e	•	of this nla	n vear		EDEĞIRE.	· · · · ·	<u> </u>	<u> </u>	
		(1) 1s	st		(2) 2nd	J. quarter	(3) 3rd				(4) 4th			
					****		· · · · · · · · · · · · · · · · · · ·							

Pa	rt V	Assumptio	ons Used to Determine	Funding Target and T	arge	t Normal Cost	548.4					
21	21 Discount rate:											
	a Segment rates:         1st segment: 4.94%         2nd segment: 6.15%			2nd segment: 6 . 15%		3rd segment: 6.76%		N/A, full yield curve used				
	b Applicable month (enter code)										4	
22	Weigh	nted average re	tirement age				22				65	
		lity table(s) (se		escribed - combined	_	scribed - separate	Substitu	ıte				
Pa	rt VI	Miscellane	ous Items									
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26			o provide a Schedule of Active								X No	
27	If the	plan is subject t	to alternative funding rules, en	ter applicable code and see i	nstruc	tions regarding	27		<u> </u>			
Pa	rt VII		ation of Unpaid Minim				•					
28	Unpai		uired contributions for all prior				28				0	
29	Disco	unted employer	contributions allocated toward	d unpaid minimum required co	ontrib	utions from prior years	29				0	
30	Rema	ining amount of	f unpaid minimum required co	ntributions (line 28 minus line	29)		30				0	
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year								
31	31 Target normal cost and excess assets (see instructions):											
	<b>a</b> Targ	et normal cost	31a	59352								
	a Target normal cost (line 6)      b Excess assets, if applicable, but not greater than line 31a							59352				
32	2 Amortization installments: Outstanding Balance Installment											
	a Net	shortfall amorti	zation installment				0		,		C	
	<b>b</b> Wai	ver amortizatio	n installment				0				C	
33	33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year ) and the waived amount											
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)						34				0	
				Carryover balance		Prefunding balar	nce	Tota	l balar	се		
35	5 Balances elected for use to offset funding requirement											
36	Additional cash requirement (line 34 minus line 35)										0	
	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date						37	0				
38	38 Present value of excess contributions for current year (see instructions)											
	a Total (excess, if any, of line 37 over line 36)											
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							0				
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							0				
40 Unpaid minimum required contributions for all years								0				
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)												
41 If an election was made to use PRA 2010 funding relief for this plan:												
a Schedule elected												
	b Eligible plan year(s) for which the election in line 41a was made											
42	2 Amount of acceleration adjustment											
43	3 Excess installment acceleration amount to be carried over to future plan years											

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	<u>For Funding</u> <u>Min Max</u>	For 417(e)	For Actuarial Equiv.		
Interest Rates	Seg 1 4.94% 1.39%	Seg 1 1.36%	Pre-Retirement 3.76%		
	Seg 2 6.15% 4.05%	Seg 2 4.60%	Post-Retirement 3.76%		
	Seg 3 6.76% 5.08%	Seg 3 5.58%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F		
Assumed Benefit Form F	or Funding	Lump Sum			
Calculated Effective Inte	erest Rate	6.15%			

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

Summary of Plan Provisions
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

Plan Effective Date

January 1, 2000

Plan Year

From January 1 to December 31

Eligibility

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

1 year of service Minimum age 21

Normal Retirement Age

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

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Normal Retirement Benefit

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

180 percent of compensation

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

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

Years with less than 1,000 hours

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

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

Years with less than 1,000 hours

Summary of Plan Provisions
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

#### **Termination Benefit**

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

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

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

Years with less than 1,000 hours

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

#### **Top-Heavy Normal Form**

A benefit payable for the life of the participant

#### **Top-Heavy Status**

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

#### **Death Benefit**

Actuarial Equivalent of the accrued benefit earned to date of death

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

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

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

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

Weighted average retirement age 65

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

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

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

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

Weighted average retirement age 65

Summary of Plan Provisions
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

Plan Effective Date

January 1, 2000

Plan Year

From January 1 to December 31

Eligibility

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

1 year of service Minimum age 21

Normal Retirement Age

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

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Normal Retirement Benefit

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

180 percent of compensation

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

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

Years with less than 1,000 hours

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

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

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

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

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

Years with less than 1,000 hours

Summary of Plan Provisions
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 12/31/2013

#### **Termination Benefit**

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

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

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

Years with less than 1,000 hours

#### Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

#### **Top-Heavy Normal Form**

A benefit payable for the life of the participant

#### **Top-Heavy Status**

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

#### Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death