### 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

FEIISIOI	Benefit Guaranty Corporation	▶ Complete all entries in ac		ctions to the Form 5500	)-SF.	
Part I	Annual Report	<b>Identification Information</b>				
For cale	ndar plan year 2013 or fis	scal plan year beginning 07/01/	/2013	and ending 00	6/30/2014	
<b>A</b> This	return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partic	cipant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report	i .		
		an amended return/report	H	rn/report (less than 12 mo	· —	
C Chec	k box if filing under:	Form 5558	automatic extension		DFVC progr	ram
		special extension (enter descr	· /			
Part II		ormation—enter all requested inf	ormation	T		T
	ne of plan				<b>1b</b> Three-digit	
THE LAND	MARK GROUP OF BRI	IGHTON CASH BALANCE PLAN			plan number (PN) ▶	003
					1c Effective date	
						1/2008
	sponsor's name and ad DMARK GROUP OF BR	Idress; include room or suite numbe	er (employer, if for a single	e-employer plan)	<b>2b</b> Employer Iden (EIN) 16-1	tification Number 316294
4050 \	T LIENDIETTA DOAD				2c Sponsor's tele	phone number 72-1956
	ST HENRIETTA ROAD TER, NY 14623		2d Business code	(see instructions)		
3a Dlar	administrator's name a	nd addraga VSama as Dian Spans	or Nama Deama as Bla	un Changar Addraga	<b>3b</b> Administrator's	
<b>Ja</b> Plai	auministrators name ar	nd address XSame as Plan Spons	sor NameSame as Pla	ın Sponsor Address	3D Administrators	S EIIN
					<b>3c</b> Administrator's	s telephone number
<b>1</b> If th	a name and/or EIN of the	a plan enoneor has changed since	the last return/report filed f	for this plan, optor the	4h FIN	
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	for this plan, enter the	4b EIN	
nan		e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN	
nan <b>a</b> Spo	ne, EIN, and the plan nurnsor's name		·	·		9
a Spo	ne, EIN, and the plan nur nsor's name al number of participants	mber from the last return/report.			4c PN	9
nan <b>a</b> Spo <b>5a</b> Tota <b>b</b> Tota <b>c</b> Nur	ne, EIN, and the plan nur nsor's name al number of participants al number of participants nber of participants with	mber from the last return/report.  at the beginning of the plan year	the plan year (defined ben	efit plans do not	4c PN 5a	
a Spo  5a Tota b Tota c Nur	ne, EIN, and the plan nur nsor's name al number of participants al number of participants nber of participants with aplete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	
nan a Spo 5a Tota b Tota c Nur con 6a We b Are	ne, EIN, and the plan numersor's name all number of participants all number of participants with a plete this item)	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in eff the annual examination and report	the plan year (defined ben	efit plans do not ctions.)	4c PN 5a 5b 5c	10 X Yes No
nan a Spo 5a Tota b Tota c Nurr con 6a We b Are	ne, EIN, and the plan numersor's name al number of participants al number of participants and number of participants with applete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of the end of the plan year invested in eff the annual examination and report? (See instructions on waiver eligib	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi illity and conditions.)	efit plans do not ctions.)	4c PN 5a 5b 5c	10
nan a Spo 5a Tota b Tota c Nur con 6a We b Are unc lf y	ne, EIN, and the plan numersor's name all number of participants all number of participants with applete this item)	account balances as of the end of the samual examination and report?  If the annual examination and report?  (See instructions on waiver eligib ither line 6a or line 6b, the plan c	the plan year (defined ben eligible assets? (See instruct of an independent qualificility and conditions.)	efit plans do not ctions.)ed public accountant (IQF	4c PN 5a 5b 5c PA) Form 5500.	Yes No Yes No
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nan a Spo 5a Tota b Tota c Nur con 6a We b Are und If y c If th  Caution Under pe SB or So	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eaction of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction disigned by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instruct of an independent qualificility and conditions.)	ctions.)ed public accountant (IQF and must instead use to ERISA section 4021)?  I unless reasonable cause examined this return/rep	4c PN 5a 5b 5c PA) Form 5500. X Yes No se is established. Ort, including, if appli	Yes No Yes No Not determined
nan a Spo 5a Tota b Tota c Nur con 6a We b Are und If y c If th  Caution Under pe SB or So	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eaction of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction disigned by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instruct of an independent qualificility and conditions.)	ctions.)ed public accountant (IQF and must instead use to ERISA section 4021)?  I unless reasonable cause examined this return/rep	4c PN 5a 5b 5c PA) Form 5500. X Yes No se is established. Ort, including, if appli	Yes No Yes No Not determined
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nam a Spo 5a Tota b Tota c Nur con 6a We b Are unc If y C If th  Caution Under pe SB or Sc belief, it  SIGN HERE	nee, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second plan year invested in efficient the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan is it covered under the PBG or incomplete filing of this return there penalties set forth in the instruction of signed by an enrolled actuary, applete.  Avalid electronic signature.	the plan year (defined ben eligible assets? (See instruct of an independent qualificility and conditions.)	ctions.)	4c PN 5a 5b 5c PA) Form 5500. Se is established. ort, including, if appliand to the best of more and to the best of more all signing as plan actual signing as employ	Yes No Yes No Not determined  Cable, a Schedule by knowledge and

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	· r			(b) End of Year					
	Total plan assets	7a	(a) Beginning of Tea		+		986101					
b	Total plan liabilities	7b		0			0					
	Net plan assets (subtract line 7b from line 7a)	7c	82455	6			986101					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total					
	Contributions received or receivable from:						(5) 10101					
	(1) Employers	8a(1)	15896	3								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
<u>b</u>	Other income (loss)	8b	2270	2								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					181665					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	erits paid (including direct rollovers and insurance premiums by tide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)		0									
f	Administrative service providers (salaries, fees, commissions)	1182	1									
g	Other expenses		0									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	·										
i	Net income (loss) (subtract line 8h from line 8c)					161545						
j	Transfers to (from) the plan (see instructions)		0									
Par	t IV Plan Characteristics	8j										
9a	If the plan provides pension benefits, enter the applicable pension to 1A 1C	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:					
b												
Par	t V Compliance Questions											
10	During the plan year:			1	Yes	No	Amount					
a		tions within	n the time period described in		103		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		Х						
	on line 10a.)	•	•	10b		X						
С	Was the plan covered by a fidelity bond?			10c	Χ		120000					
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			100								
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? ( 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 requirements 5500) and line 11a below)	,										
11a	Enter the unpaid minimum required contribution for current year from					11a						
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA? Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date of the letter ruling Year					
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule											
b	Enter the minimum required contribution for this plan year					12b						

Page	3	- [	1
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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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tr	ust's EIN	

# 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

2013

This Form is Open to Public Inspection

				as an attachm	icit to i oilii	3300 OI						
	olan year 2013 o		rear beginning	07/01/2013			and end	ling 06/30	/2014			
	amounts to ne											
Caution: A	penalty of \$1,0	00 will be ass	sessed for late fili	ng of this repor	t unless reaso	onable ca	use is establish	ned.				
A Name of pla THE LANDMA		BRIGHTON	CASH BALANCE	PLAN			B Three-d plan nur	igit nber (PN)	<b>•</b>	003		
C Plan sponse	or's name as sho	own on line 2	a of Form 5500 o	r 5500-SF			<b>D</b> Employer	· Identification	on Number (	(EIN)		
THE LANDMA	RK GROUP OF	BRIGHTON						16-13162	294			
E Type of plan	: X Single	Multiple-A	Multiple-B	F	Prior year pla	ın size: >	100 or fewer	101-50	) More t	than 500		
Part I B	asic Informa	ation										
	valuation date:		Month 07	Day01	Year 2	2013						
2 Assets:												
	value							2a		82273		
								2b		82273		
	target/participan					(4) N	lumbar of partic		(2)			
3	0 1 1			w.mont	3a	(1) N	lumber of partic	opanis 0	(2)	Funding Target		
			aries receiving pa	-				0				
					30			1		558		
C For act	ive participants:				20(4)			-				
(1)					_ ` '			-				
(2)					` ,					80409 80409		
(3)								7		80409		
								8		809683		
4 If the plan	n is in at-risk sta	tus, check the	e box and comple	ete lines (a) and	d (b)							
<b>a</b> Fundin	g target disrega	rding prescrib	ed at-risk assum	ptions				4a				
			umptions, but disr consecutive years					4b				
5 Effective	interest rate							5		5.40 %		
6 Target no	ormal cost							6		150373		
Statement by	Enrolled Actua	ry										
accordance wi	th applicable law and	regulations. In my		ssumption is reason:						bed assumption was applied in and such other assumptions, in		
SIGN HERE									01/05/2	2015		
IILINE		Signo	ture of actuary						Date	-010		
MICHAEL A. G	ALLACHED	Signa	iture or actuary							104		
MICHAEL A. G	ALLAGHER	T						Maatus	14-03			
		,, ,	int name of actua	ary				Most re		ent number		
BENEFITS MA	NAGEMENT, IN									25-4333		
355 PACKETT FAIRPORT, N		F	Firm name				1	elephone n	umber (incl	uding area code)		
		Add	ress of the firm				_					
If the actuary ha	as not fully reflec	ted any regu	lation or ruling pro	omulgated unde	er the statute	in comple	eting this sched	ule, check t	he box and	see		

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Pa	art II	Begir	nning of Year Carr	yover and Prefunding B	alances								
						<b>(a)</b> C	arryover balance		(b)	Prefundii	ng balance		
7		_	0 . ,	applicable adjustments (line 13 f				0			0		
8				ar's funding requirement (line 35				0			0		
9	Amoun	t remaini	ng (line 7 minus line 8)					0			0		
10	Interest	t on line 9	o using prior year's actu	al return of%									
11	Prior ye	ear's exce	ess contributions to be a	added to prefunding balance:									
	<b>a</b> Prese	ent value	of excess contributions	(line 38a from prior year)							6261		
				tive interest rate of5.86 %							367		
			6628										
d Portion of (c) to be added to prefunding balance													
12	Other re	eductions	s in balances due to ele	ctions or deemed elections				0			0		
13	Balance	e at begir	nning of current year (lir	e 9 + line 10 + line 11d – line 12	)			0			0		
P	art III	Fun	ding Percentages										
14	Funding	g target a	attainment percentage							14	101.61 %		
15	Adjuste	d fundin	g target attainment perc	entage						15	101.61 %		
16				oses of determining whether car						16	99.96 %		
17	If the cu	urrent val	ue of the assets of the	plan is less than 70 percent of the	e funding tar	get, enter si	uch percentage			17	%		
P	art IV	Con	tributions and Lic	uidity Shortfalls									
18	Contrib	utions m	ade to the plan for the p	lan year by employer(s) and employer	ployees:								
<b>(</b> N	(a) Dat		(b) Amount paid by		(a) D		(b) Amount pa		(		nt paid by		
	IM-DD-Y		employer(s)	employees	(MM-DD-	-1111)	employer(	s)		emplo	byees		
08	)/15/2014	+	158	963									
					Totals ▶	18(b)		158963	18(c)		0		
19	Discour	nted emp	lover contributions – se	e instructions for small plan with	a valuation o	` ,	e beginning of the		- (- /				
			-	d minimum required contributions				19a			0		
	_			ns adjusted to valuation date				19b			0		
				n required contribution for current y				19c			146336		
20			outions and liquidity sho		, oa. aajaotoa	to raidation					1 10000		
_		-		for the prior year?						X	Yes No		
		•	_	arterly installments for the curren						<u> </u>	Yes X No		
			•	nd complete the following table a	•	•					_ · · · ·		
	<b>.</b>		. 55, 555 1156 4065115 4	Liquidity shortfall as of e			n year						
		(1) 19	st	(2) 2nd			3rd			(4) 4th			
			0		0			0			0		

rt V	Assumption	ns Used to Determine	Funding Target and Targe	t Normal Cost						
Discou	int rate:									
<b>a</b> Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	_		N/A, full	l yield o	curve	used	
<b>b</b> Appl	licable month (	enter code)			21b				0	
Weight	ted average ret	irement age			22				65	
Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te				
rt VI	Miscellane	ous Items			<del></del>					
			uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding red	auired			
	-						_	Yes	X No	
Has a r	method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No	
If the p	lan is subject to	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27					
attachn	ment				21					
rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
Unpaid	l minimum requ	uired contributions for all prior	28				0			
				29				0		
-				30				0		
rt VIII	Minimum	Required Contribution		1						
		•								
		,	,		31a				150373	
_		•							13055	
		<u> </u>			1	In:	stallme	ent	10000	
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_									0	
		T III O COMPANIE COMP			0				U	
ii a wai	33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval									
(Month			ter the date of the ruling letter grar) and the waived amount		33					
•	1	Day Year			33				137318	
•	1	Day Year	) and the waived amount		34	Tot	al bala	ince	137318	
Total fu	unding requiren	Day Year	) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding bala	34 nce	Tot	al bala	ince		
Total fu	unding requiren	Day Year nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33) Prefunding bala	34	Tot	al bala	ince	137318	
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Balanc require Additio Contrib (line 19 Presen	es elected for tement	Day Year nent before reflecting carryove use to offset funding rement (line 34 minus line 35). d toward minimum required common second contributions for current year, of line 37 over line 36)	) and the waived amount er/prefunding balances (lines 31a - Carryover balance  0 contribution for current year adjuste ar (see instructions)	31b + 32a + 32b - 33)  Prefunding bala  d to valuation date	34 nce 0 36 37	Tot	al bala		0 137318 146336	
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Balance require Addition Contribution (line 19) Presenta Total b Portion Unpaid	ees elected for under the content of	Day Year nent before reflecting carryove use to offset funding mement (line 34 minus line 35). d toward minimum required common secontributions for current year, of line 37 over line 36) line 38a attributable to use of paired contributions for current years	carryover balance  Carryover balance  Ontribution for current year adjuste  ar (see instructions)  prefunding and funding standard cear (excess, if any, of line 36 over	31b + 32a + 32b - 33)  Prefunding bala  d to valuation date  arryover balances	34 nce 0 36 37 38a 38b 39 40	Tot	al bala		0 137318 146336 9018	
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	b App Weight Mortali t VI Has a attachr Has a ls the p attachr rt VII Unpaid Discou (line 19 Remai t VIII Target a Target Amorti a Net s b Wain	Weighted average ret Mortality table(s) (see  It VI Miscellanee Has a change been mattachment Has a method change Is the plan required to If the plan is subject to attachment  It VII Reconcilia Unpaid minimum requ Discounted employer (line 19a)  Remaining amount of It VIII Minimum  Target normal cost at Target normal cost of Excess assets, if ap Amortization installme a Net shortfall amortiz	b Applicable month (enter code)	a Segment rates:  1st segment: 4.94%  b Applicable month (enter code)	a Segment rates:  1st segment: 4.94% 2nd segment: 6.15% 3rd segment 6.76 %  b Applicable month (enter code)	a Segment rates:    1st segment:   4.94%   6.15%   6.76 %     b Applicable month (enter code)	a Segment rates: 1st segment: 4.94% 2nd segment: 6.15% 3rd segment: 6.76 %	a Segment rates:  1st segment: 4,94% 6,15% 6,15% 3rd segment: 6,76%  NNA, full yield of both Applicable month (enter code)	a Segment rates:    1st segment: 4.94%   2nd segment: 6.15%   3rd segment: 6.76 %   N/A, full yield curve be Applicable month (enter code)	

CLIENT NAME:

THE LANDMARK GROUP OF BRIGHTON

ANALYSIS DATE: 7/ 1/2013

ATTAINED				YEARS			SERVI			
AGE	UNDER 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29		35 - 39	40 & UP
UNDER 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	O	0	2	1	0	0	0	0	0	0
35 - 39	0	0	0	o	0	. 0	0	0	0	0
40 - 44	0	0	0	o	0	1	O	0	0	0
45 - 49	0	0	0	O	0	0	o	0	0	0
50 - 54	0	1	0	O	0	0	o	0	0	0
55 - 59	0	0	0	0	0	0	1	0	0	0
60 - 64	0	0	0	o	0	0	1	. 0	0	0
65 - 69	0	0	0	0	0	0	0	0	. 0	0

NOTE 1: ATTAINED AGE IS CALCULATED AS NEAREST AGE; SERVICE IS BASED ON 1000 HOUR RULE.

**JULY 1, 2013** 

#### **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION

### A. Consistency of Methods and Assumptions

Unless stated to the contrary, the following methods and assumptions are consistent with those used in the preceding valuation.

#### **B.** Actuarial Cost Method

The actuarial cost method used to calculate the costs of the Plan is known as the Unit Credit Actuarial Cost Method as prescribed under the Pension Protection Act of 2006. Under this method, each active Participant's accrued benefit as of the Valuation Date is calculated and the Actuarial Present Value of that benefit is calculated based on the Actuarial Assumptions. The total of the Actuarial Present Value of Accrued Benefits for all Plan Participants is the basis for the Funding Target.

The Target Normal Cost is determined to be the sum of the Actuarial Present Value of the benefit for each Participant that is expected to be earned during the current year taking into account expected salary increases and other Actuarial Assumptions.

#### C. Asset Valuation Method

For the purpose of the actuarial valuation, assets are valued using market value.

### D. Participants Included in the Calculations

Based on employee data received from the Employer, all employees who are eligible for participation in the Plan as of the valuation date are included in the calculations.

No liability is held for non-vested, inactive employees who have quit or been terminated even if a break-in-service has not occurred as of the valuation date.

#### E. Actuarial Assumptions

#### 1. Mortality

Active and Retired Lives - The 2013 Combined Applicable Mortality Table as prescribed by the IRS. The prior valuation used the 2012 Combined Applicable Mortality Table.

**JULY 1, 2013** 

### **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION (CONTINUED)

### E. Actuarial Assumptions (continued)

2. Withdrawal from Service

Termination - Non Assumed

Disability - None Assumed.

3. Investment Return

The investment return for determining the minimum funding for the plan is proscribed by the IRS and is as follows:

- 4.94% for benefits expected to be paid in 2013-2018
- 6.15% for benefits expected to be paid in 2018-2033
- 6.76% for benefits expected to be paid in 2033 and beyond.

The effective interest rate for the plan for this plan year based on the above individual rates is 5.86%. The effective interest rate for the prior year was 5.86%.

- 4. Salary Increase
  - 3.0% Compounded Annually.
- 5. Social Security

Wage Base - N/A

6. Assumed Retirement Age

Normal Retirement Age or the Age on the Valuation Date, if Greater.

**JULY 1, 2013** 

## **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION (CONTINUED)

## E. Actuarial Assumptions (Continued)

### 7. Expenses

None - Assumed to be Paid by the Employer.

### 8. Percentage Married

For purposes of valuing the pre-retirement death benefits under the plan, 85% of active Participants are assumed to be married; with males three years older than their female spouses.

# 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

2013

This Form is Open to Public Inspection

	·		File	as an attachi	ment to Form	5500 or	5500-SF.			
	dar plan year 2013		<del> </del>	07/01/2013			and en	ding 06/	30/2014	
	l off amounts to n							<u> </u>		
Cautio	n: A penalty of \$1,	000 will be as	sessed for late filin	ng of this repo	rt unless reas	onable ca	iuse is establis	hed.		
A Name of The Landr	of plan mark Group of Brig	nton Cash Bal	lance Plan		•		B Three-o	ligit mber (PN)	<b>)</b>	003
	· · · · · · · · · · · · · · · · · · ·	-	<u></u>							
	onsor's name as sl nark Group of Brigl		2a of Form 5500 or	5500-SF			<b>D</b> Employe	r Identifica	tion Numbe	er (EIN)
mo Earlan	nan Group of Brigi	itori					16-1316294	1		
E Type of p	plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: [v	100 or fewer	 ☐ 101-5		e than 500
Part I				<u> </u>	1 Hor year pie	311 312G. X	100 of level	☐ 101-c	OO   IVIOI	e man 500
	Basic Inform									
	the valuation date		Month 07	Day01	Year _	2013				
2 Asset										
								2a	***	822738
								2b		822738
	ng target/participar					(1) No	umber of partic	ipants	(2	?) Funding Target
			aries receiving pay					0		0
<b>b</b> For	terminated vested	participants			3b			1		5587
	active participants									
(	1) Non-vested be	enefits			3c(1)					0
(										804096
(	3) Total active				3c(3)			7		804096
<b>d</b> Tot	al		······		3d		*	8		809683
4 If the	plan is in at-risk sta	atus, check the	e box and complete	e lines (a) and	i (b)					
<b>a</b> Fun	iding target disrega	rding prescrib	oed at-risk assumpt	tions	*******************			4a		
<b>b</b> Fun	nding target reflecti	ng at-risk assu	umptions, but disre onsecutive years a	garding trans	ition rule for p	lans that h	nave heen in			
5 Effecti	ive interest rate							5		5,40 %
6 Targe	t normal cost							6		150373
To the bes accordance	by Enrolled Actua t of my knowledge, the in e with applicable law and on, offer my best estimate	formation supplied regulations. In my	Opinion, each other assi	companying scheo umption is reasona	dules, statements a able (taking into ad	and attachme	ents, if any, is compl perience of the plan	ete and accui	ate. Each preso ble expectation	ribed assumption was applied in s) and such other assumptions, in
SIGN HERE			ME						,/	5/15
		Signa	ture of actuary	-				",	Date	
		Micha	ael A. Gallagher						14-03	3161
		Type or pri	int name of actuary	/				Most re		nent number
		Benefits	Management, Inc.							125-4333
			irm name Packetts Landing		<u></u>		To	elephone r		luding area code)
			oort, NY 14450 ress of the firm		,					
the actuary	nas not fully reflec	ted any regula	ation or ruling prom	nulgated unde	er the statute i	n complet	ing this schedu	ıle, check	the box and	see

P	art II Be	ginning of Year Carryo	ver and Prefunding	Balances							
-					(a)	Carryover balance	3	(b)	Prefun	ding balance	
7	Balance at I	peginning of prior year after app	licable adjustments (line 1	3 from prior					,		
8				·	<del></del>		0	<del>.</del>		0	
0	prior vear) .	ted for use to offset prior year's	funding requirement (line :	35 from							
9		aining (line 7 minus line 8)					0	<del></del>		0	
10		ine 9 using prior year's actual re				- n - n	0			0	
11		excess contributions to be adde									
		alue of excess contributions (lin					-		<del></del>		
		n (a) using prior year's effective					}-		<del>-</del>	6261	
	as other	wise provided (see instructions)		except						367	
		able at beginning of current plan y					r			6628	
	d Portion of	(c) to be added to prefunding b	alance				ļ ļ			<del></del>	
_12		ions in balances due to election					0	~		0	
13		eginning of current year (line 9					0			0	
Part III Funding Percentages										0	
14		et attainment percentage				<del></del>			14		
15	Adjusted fun	ding target attainment percenta	ge					1	15	101.61 %	
16	Prior year's f	unding percentage for purpose	of determining whether ca	arryover/prefun	ding hala	noon may be used	40. up al	_	15	101.61 %	
	current year	s lunding requirement						16	99.96 %		
17	If the current	value of the assets of the plan	is less than 70 percent of the	he funding targ	et, enter s	such percentage	ge				
Pa	art IV C	ontributions and Liquid	ity Shortfalls							··.	
18	Contributions	made to the plan for the plan y	ear by employer(s) and em	nployees:		-	<u> </u>				
/M	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by	(a) Da		(b) Amount pa		(0	) Amou	nt paid by	
	9-15-2014		employees	(MM-DD-)	YYYY)	employer(s	s)		empl	oyees	
	7-10-2014	158963		<del> </del> -				ļ			
_				<del> </del>		* *		<u> </u>			
				-			·				
			<del></del>	<del> </del>					<b>_</b>	<u></u>	
				<del> </del>							
	<del></del>			T. (.)	14000	·		<u> </u>			
10	Disservated			Totals ►	18(b)		158963	18(c)		0	
15	2 Contributio	mployer contributions – see ins	ructions for small plan with	a valuation da	ite after th	e beginning of the				· · · · · · · · · · · · · · · · · · ·	
		ns allocated toward unpaid min					19a			0	
		ns made to avoid restrictions ac					19b			0	
20	Ougstart	ns allocated toward minimum requ	ured contribution for current	year adjusted to	valuation	date	19c			146336	
		tributions and liquidity shortfalls									
a Did the plan have a "funding shortfall" for the prior year?							Yes No				
	D It line 20a is	s "Yes," were required quarterly	installments for the curren	t year made in	a timely r	nanner?				Yes X No	
	C If line 20a is	s "Yes," see instructions and co			11						
	(1)	1st	Liquidity shortfall as of e	nd of quarter o							
	(')_		(2) 2nd		(3)	3rd		(4	4) 4th		
	0 0 0										

F	art V	Assumptio	ns Used to Detern	nine	<b>Funding Target and</b>	Targ	et Normal Cost							
2	1 Disco	unt rate:		_										
		gment rates:	1st segment: 4.94%		2nd segment: 6.15 %		3rd segmen 6.76	%	N/A	, full yiei	d cur	ve us	ed	
	<b>b</b> Ap	olicable month (	enter code)					21b			-		0	
2	2 Weigh	nted average ret	irement age					. 22					65	
_2	3 Morta	lity table(s) (see	e instructions)	Pr	escribed - combined		escribed - separate	Subst	tute					
_P	art VI	Miscellaned	ous Items											
24	Has a attach	change been m	nade in the non-prescrib	ed ac	tuarial assumptions for the	curren	t plan year? If "Yes," se	e instructio	ns regarding	require	d l vas		<b></b>	
25	Has a	method change	been made for the curr	rent pl	lan year? If "Yes," see inst	ruction	s renarding required atta	chmont			Yes	<u> </u>	No	
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instru	ctions regarding requires	d offoobmo	m#		Yes		No	
27	′Ifthe เ	olan is subject to	alternative funding rule	es. en	ter applicable code and see	instru	ctions regarding	27		<u>X</u>	Yes	Ц.	No	
_P	art VII	Reconcilia	tion of Unpaid Mi	nimu	um Required Contrib	ution	s For Prior Years	·1	<u> </u>	·			-	
28	Unpaid	d minimum requ	ired contributions for all	prior	years			28	<del></del>					
29	Discou	unted employer	contributions allocated t	loward	unpaid minimum required	contrib	utions from prior years	<del>                                     </del>	+				0	
	(line i	9a)					***************************************	29					0	
					ntributions (line 28 minus lir	ie 29) .		30					0	
_Pa					For Current Year									
31			d excess assets (see in											
<u> </u>	<b>a</b> Targ	et normal cost (l	ine 6)					31a				150	373	
	b Exce	ess assets, if app	plicable, but not greater	than	line 31a			31b						
32	Amorti	zation installmer	nts:				Outstanding Bala	nce		13059 Installment				
	a Net	shortfall amortiza	ation installment	•••••				0				_	0	
	<b>b</b> Waiv	ver amortization	installment					0					0	
33	If a wa (Month	iver has been ap	oproved for this plan yea oay Year _	ar, ent	ter the date of the ruling lett	er grar	nting the approval	33						
34	Total fu	unding requireme	ent before reflecting car	ryove	r/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34				137:	210	
			· · · · · · · · · · · · · · · · · · ·		Carryover balance	****	Prefunding balar		<u> </u>	otal bala	nce	137	210	
35			se to offset funding		· · · · · · · · · · · · · · · · · · ·	0		0		Otal Dali	11100		0	
36	Additio	nal cash require	ment (line 34 minus line	e 35)				36				1979	110	
37	Contrib	utions allocated	toward minimum requir	red co	ntribution for current year a	diusted	to valuation date	37				1373 —— 1463		
38			s contributions for curre											
								38a				ar	018	
					refunding and funding stan			38b						
39					ar (excess, if any, of line 36			39					0	
40	Unpaid	minimum requir	ed contributions for all y	years .				40					0	
Pai	rt IX	Pension Fu	unding Relief Und	er P	ension Relief Act of	2010	(See Instructions)	·I	<del></del>			_	<u> </u>	
41	If an ele		to use PRA 2010 fundi				,		·				—	
	a Sche	dule elected							2 plus 7 ye	ars F	15 ye			
					1a was made					2010	<u> </u>			
42	Amount	of acceleration	adjustment					42		12010	<u> </u>	011		
43	Excess	installment acce	leration amount to be ca	arried	over to future plan years			43						
								70						

**JULY 1, 2013** 

#### SECTION I

#### **SUMMARY OF PLAN PROVISIONS**

#### A. EFFECTIVE DATE:

The effective date of this plan is July 1, 2008. The plan was most recently amended November 29, 2012 to comply with the Code Section 436 requirements of the Pension Protection Act.

#### **B. ELIGIBILITY:**

Employees are eligible on the first of the month coincident with or next following the completion of one year of service and the attainment of age 21.

#### C. PLAN CONTRIBUTIONS:

The employer pays the full cost of the plan.

#### D. NORMAL RETIREMENT:

Upon attainment of age 65 a Participant may retire.

The normal retirement benefit is based on three factors -- compensation, years of service and the 30-Year Treasury Bill Rate.

#### Annual Contribution Credit

Each plan year that a participant earns a year of credit, their account balance will be increased by a contribution credit equal to 2.5% of compensation. Owners receive an annual allocation based on a scheduled fixed amount each year.

#### **Annual Interest Credit**

In addition to the annual contribution credit, the account balance will be credited with interest at the thirty-year Treasury bill rate.

#### E. VESTED BENEFIT:

Upon completion of three years of service or the attainment of normal retirement age, an employee will be fully vested in his accrued benefit.

**JULY 1, 2013** 

### **SECTION I**

# SUMMARY OF PLAN PROVISIONS (CONTINUED)

#### F. NORMAL FORM OF PAYMENT:

The normal form of payment is a life annuity with optional forms available for the participant to elect.

#### **G. DEATH BENEFITS:**

Married Participants who are vested are covered by a death benefit. The benefit to the surviving spouse will be equal to the benefit they would have been entitled to if the Participant had retired under a joint and contingent annuity option prior to his death.

**JULY 1, 2013** 

#### **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION

### A. Consistency of Methods and Assumptions

Unless stated to the contrary, the following methods and assumptions are consistent with those used in the preceding valuation.

#### **B.** Actuarial Cost Method

The actuarial cost method used to calculate the costs of the Plan is known as the Unit Credit Actuarial Cost Method as prescribed under the Pension Protection Act of 2006. Under this method, each active Participant's accrued benefit as of the Valuation Date is calculated and the Actuarial Present Value of that benefit is calculated based on the Actuarial Assumptions. The total of the Actuarial Present Value of Accrued Benefits for all Plan Participants is the basis for the Funding Target.

The Target Normal Cost is determined to be the sum of the Actuarial Present Value of the benefit for each Participant that is expected to be earned during the current year taking into account expected salary increases and other Actuarial Assumptions.

#### C. Asset Valuation Method

For the purpose of the actuarial valuation, assets are valued using market value.

#### D. Participants Included in the Calculations

Based on employee data received from the Employer, all employees who are eligible for participation in the Plan as of the valuation date are included in the calculations.

No liability is held for non-vested, inactive employees who have quit or been terminated even if a break-in-service has not occurred as of the valuation date.

#### E. Actuarial Assumptions

#### 1. Mortality

Active and Retired Lives - The 2013 Combined Applicable Mortality Table as prescribed by the IRS. The prior valuation used the 2012 Combined Applicable Mortality Table.

**JULY 1, 2013** 

#### **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION (CONTINUED)

### E. Actuarial Assumptions (continued)

2. Withdrawal from Service

Termination - Non Assumed

Disability - None Assumed.

#### 3. Investment Return

The investment return for determining the minimum funding for the plan is proscribed by the IRS and is as follows:

- 4.94% for benefits expected to be paid in 2013-2018
- 6.15% for benefits expected to be paid in 2018-2033
- 6.76% for benefits expected to be paid in 2033 and beyond.

The effective interest rate for the plan for this plan year based on the above individual rates is 5.86%. The effective interest rate for the prior year was 5.86%.

- 4. Salary Increase
  - 3.0% Compounded Annually.
- 5. Social Security

Wage Base - N/A

### 6. Assumed Retirement Age

Normal Retirement Age or the Age on the Valuation Date, if Greater.

**JULY 1, 2013** 

## **SECTION VII**

# STATEMENT OF ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS USED IN THE VALUATION (CONTINUED)

## E. Actuarial Assumptions (Continued)

### 7. Expenses

None - Assumed to be Paid by the Employer.

### 8. Percentage Married

For purposes of valuing the pre-retirement death benefits under the plan, 85% of active Participants are assumed to be married; with males three years older than their female spouses.

CLIENT NAME:

70 & UP

THE LANDMARK GROUP OF BRIGHTON

ANALYSIS DATE:

7/ 1/2013

YEARS OF CREDITED SERVICE \_\_\_\_\_\_\_ ATTAINED AGE UNDER 1 1 - 4 10 - 14 15 - 19 20 - 24 30 - 34 \_\_\_\_\_ -----UNDER 25 0 0 0 0 0 25 - 29 0 0 0 30 - 34 0 35 - 39 0 0 0 0 0 0 40 - 44 0 0 0 0 0 0 1 0 0 0 50 - 54 0 0 0 55 - 59 0 0 0 0 0 0 65 - 69

NOTE 1: ATTAINED AGE IS CALCULATED AS NEAREST AGE; SERVICE IS BASED ON 1000 HOUR RULE.

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**JULY 1, 2013** 

#### **SECTION I**

### SUMMARY OF PLAN PROVISIONS

#### A. EFFECTIVE DATE:

The effective date of this plan is July 1, 2008. The plan was most recently amended November 29, 2012 to comply with the Code Section 436 requirements of the Pension Protection Act.

#### **B. ELIGIBILITY:**

Employees are eligible on the first of the month coincident with or next following the completion of one year of service and the attainment of age 21.

#### C. PLAN CONTRIBUTIONS:

The employer pays the full cost of the plan.

#### D. NORMAL RETIREMENT:

Upon attainment of age 65 a Participant may retire.

The normal retirement benefit is based on three factors -- compensation, years of service and the 30-Year Treasury Bill Rate.

### **Annual Contribution Credit**

Each plan year that a participant earns a year of credit, their account balance will be increased by a contribution credit equal to 2.5% of compensation. Owners receive an annual allocation based on a scheduled fixed amount each year.

#### Annual Interest Credit

In addition to the annual contribution credit, the account balance will be credited with interest at the thirty-year Treasury bill rate.

#### **E. VESTED BENEFIT:**

Upon completion of three years of service or the attainment of normal retirement age, an employee will be fully vested in his accrued benefit.

**JULY 1, 2013** 

### **SECTION I**

# SUMMARY OF PLAN PROVISIONS (CONTINUED)

### F. NORMAL FORM OF PAYMENT:

The normal form of payment is a life annuity with optional forms available for the participant to elect.

#### **G. DEATH BENEFITS:**

Married Participants who are vested are covered by a death benefit. The benefit to the surviving spouse will be equal to the benefit they would have been entitled to if the Participant had retired under a joint and contingent annuity option prior to his death.