#### 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 5500	O-SF.		peolion
Part I	Annual Report I	dentification Information				•	
For calend	lar plan year 2013 or fiso	cal plan year beginning 10/01/2013		and ending 0	9/30/2	2014	
A This re	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	turn/report is:	the first return/report th	e final return/report				
		an amended return/report as	short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	片	utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested information	on				
1a Name	of plan				1b	Three-digit	
KUPER CO	RPORATION PENSION	PLAN				plan number	004
					1.0	(PN)	001
					10	Effective date of	
2a Plan a	noncor's name and add	ress; include room or suite number (emp	lover if for a single	omployer plan)	2 h	07/01/	
	RPORATION	iless, include room of salte number (emp	noyer, ir for a sirigle-e	епіріоует ріап)	20	Employer Identif (EIN) 13-25	
					2c	Sponsor's telep	hone number
	3RD STREET					212-564	1-5760
NEW YORK	K, NY 10001-3000				2d	Business code (	see instructions)
3a Plan a	administrator's name and	d address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's I	ΞΙΝ
UPER COR	PORATION	43 WEST 33RD S					45379
		NEW YORK, NY	10001-3000		3c	Administrator's t	elephone number
						212-304	F-3700
4 If the	name and/or EIN of the	plan sponsor has changed since the last	roturn/roport filed fo	r this plan, optor the	4h	EINI	
		iber from the last return/report.	return/report filed to	i this plan, enter the	40	EIN	
	sor's name	•			4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		5
<b>b</b> Total	number of participants a	at the end of the plan year			5b		5
		ccount balances as of the end of the plar			0.0		
			•	•	5c		
	·	during the plan year invested in eligible a	•				X Yes No
		the annual examination and report of an					X Yes No
		(See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot					M 100 H
•		plan, is it covered under the PBGC insu					Not determined
- 11 1110	pian is a defined benefit	. pian, io it covered under the FDGC IIISU	ianoc program (see i	ENION SCOUNT 4021)!	Ш	103   INO	140t determined
Caution: /	A penalty for the late o	r incomplete filing of this return/repor	t will be assessed ι	ınless reasonable cau	se is	established.	
		er penalties set forth in the instructions, I					
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report,	, and t	to the best of my	knowledge and
501101, 1010	Trac, correct, and compr						
SIGN HERE	Filed with authorized/v	alid electronic signature.	04/28/2015	JOSEPH KUPERMAN			
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ıal sin	ıning as emplove	r or plan sponsor
Preparer's		ame, if applicable) and address; include r					number (optional)
	-	-			•	,	,
				<u> </u>			

Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Vos	ır		
<u>'</u>	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu		5798		
	Total plan liabilities	7a 7b		-					0100		
	Net plan assets (subtract line 7b from line 7a)	76 7c	164446	7				171	5798		
	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T		0.00		
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	16433	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16	4331		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9300	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9	3000		
i	Net income (loss) (subtract line 8h from line 8c)	8i						7	1331		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,	L								
	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:			
Par	V Compliance Questions										
10	·				Yes	No		<b>A</b>			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		163	NO		Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
D	on line 10a.)	`	•	10b		X					
				100	X				1	500	100
				10c						500	100
d	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )	10g		Χ					
h		(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10ii							
Dowl		1-3		101							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								V		N.
	5500) and line 11a below)							X	Yes		No
	Enter the unpaid minimum required contribution for current year fr		,			11a		г —			0
_12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	X	No
	(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 beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	he lette Year	er ruli	ng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
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).

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OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	T CHSION DC	nem o	daranty Corpo	Tation		File as a	an attach	nme	nt to Form	5500 or	5500	-SF.						
For	calendar	plan	year 2013	or fiscal plan y	ear b	peginning 1	0/01/201	3				and endir	ng <mark>09/</mark> 3	30/201	4			
				earest dollar.														
			nalty of \$1,	000 will be ass	esse	ed for late filing o	f this rep	ort ι	unless reaso	onable ca		s establishe	d.			ı		
	Name of p		ATION DEI	NSION PLAN							В	Three-dig					001	
KU	LICON	i Oiv	ATIONTE	NOIONTEAN								plan numl	oer (PN)		<u> </u>			
С	Plan spons	sor's ı	name as sh	hown on line 2	a of F	Form 5500 or 55	00-SF				D	Employer I	dentifica	tion N	umber	(EIN)		
	PER COR											, ,	13-254			,		
													10 20 1	0070				
E 1	Гуре of pla	n: X	Single	Multiple-A		Multiple-B		F	Prior year pla	n size: 🔀	100	or fewer	101-5	000	More	than 50	0	
P	art I E	Raci	c Inform	ation										<u> </u>				
1			uation date		Montl	h <u>10</u> [	Day01	1	Year _	2013								
2	Assets:	c vaic	adion date		VIOITI		Jay			2010								
_		t valu	ıe										. 2a					1644467
	_												2b					1644467
3				nt count break								er of particip			(2)	Fundin	g Targe	
						receiving payme	ent		3a	(1) (1	idillib	or or particip	1		(-)	1 dildii	ig raige	390791
	_												0					000.01
			participants															
									3c(1)									C
	(2)								- (-)									1073479
	(3)												4					1073479
	_ ` '												5					1464270
4	If the pla	an is i	n at-risk st	atus, check the	e box	and complete li	nes (a) a	nd (	b)		П							
						t-risk assumption							4a					
		•		٥.		ions, but disrega												
						cutive years and							4b					
5	Effective	inte	rest rate										5					5.88 %
6	Target r	orma	l cost										6					17515
	-		olled Actu	•										_				
	accordance v	ith app	olicable law an	d regulations. In my	opinio	s schedule and accom on, each other assum	npanying sch ption is reas	nedul onabl	es, statements le (taking into a	and attachm ccount the e	ents, it experie	f any, is comple nce of the plan	te and accu and reason	ırate. Ea able exp	ach prescr pectations	ibed assu ) and sucl	imption was h other ass	applied in umptions, in
		offer m	y best estimat	e of anticipated exp	erienc	ce under the plan.												
	SIGN																	
H	IERE										_				04/08/2	2015		
				Signa	ture	of actuary									Date			
STE	PHEN MA	RGC	DLIES, E.A.								_				14-02			
				Type or pr	int na	ame of actuary							Most ı	ecent	enrollm	nent nui	mber	
PLA	NNED RE	TIRE	MENT CO	NSULTANTS							_				201-4	47-6010	)	
PO	. BOX 512	26		F	irm r	name						Te	lephone	numb	er (incl	uding a	rea code	<del>)</del> )
			07451-512	26														
				Add	ress	of the firm					_							
If the	actuary h	as no	ot fully refle	ected anv regul	ation	or ruling promu	lgated un	der	the statute	in comple	etina	this schedu	le, check	the h	ox and	see		П
	uctions		. ,			9	J				9		,					Ш

Page	2	-
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Pa	rt II	Begin	ning of Year	Carryov	er and	Prefunding B	alances								
							-		(a) (	Carryover balanc	е	(b)	Prefund	ing balar	ice
7			nning of prior year								33				0
8			or use to offset pr	-	-										•
9			ng (line 7 minus lir								0				0
10			using prior year's								33				0
11			ess contributions to								2				U
•••			of excess contribu			-					_				0
			) using prior year's	•		. , ,					_				0
			provided (see ins												0
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add	to prefunding balar	nce								0
	<b>d</b> Porti	on of (c)	to be added to pre	funding b	alance										0
12	Other re	eductions	s in balances due	to election	s or deem	ed elections					0				0
13	Balance	e at begir	nning of current ye	ar (line 9	+ line 10 +	line 11d – line 12	)				35				0
Pa	art III	Fun	ding Percenta	ages											
14	Funding	_	ttainment percent										14	112	2.30 %
15			g target attainmen										15	112	2.30 %
16			ling percentage fo									е	16		
47		•	nding requirement											120	0.76 %
			ue of the assets o				e funding tar	get, e	enter s	such percentage.			17		%
	art IV		tributions and		_										
18			ade to the plan for							I 43.4		1 ,			
(M	<b>(a)</b> Dat IM-DD-Y		(b) Amount page employer(			nount paid by mployees	<b>(a)</b> [2 (MM-DD		Y)	(b) Amount p employer		(		ınt paid t oyees	у
		·													
							Totals ►	1	8(b)		0	18(c)			0
19	Discour	nted emp	loyer contributions	s – see ins	tructions f	or small plan with	a valuation	date a	after th	he beginning of th	ne year:				
	<b>a</b> Cont	ributions	allocated toward ι	unpaid mir	nimum req	uired contributions	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> Contr	ributions a	allocated toward mi	nimum req	uired contr	ibution for current y	ear adjusted	to va	luatior	n date	. 19c				0
20	Quarter	ly contrib	outions and liquidit	y shortfall:	s:										
	<b>a</b> Did t	he plan h	ave a "funding sh	ortfall" for	the prior y	ear?								Yes	X No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterl	y installme	ents for the curren	t year made	in a t	imely	manner?				Yes	No
	<b>C</b> If line	20a is "	Yes," see instructi	ons and co	omplete th	e following table a	s applicable	:							
						ty shortfall as of e	nd of quarte	r of th			'				
		(1) 15	st		(2)	2nd			(3)	3rd			(4) 4t	n	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Segr	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> Appli	icable month (	enter code)			21b				0
22	Weight	ed average ret	tirement age			22				65
23	Mortalit	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	е			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	auired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27				
Pa	rt VII			ım Required Contribution	s For Prior Vears	1				
28				years		28				0
29			•	I unpaid minimum required contrib						0
				- unpaid miniman required contrib		29				0
30	Remair	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		30				0
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	<b>a</b> Targe	et normal cost	(line 6)			31a				17515
	<b>b</b> Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				17515
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı	nstallm	ent	
	<b>a</b> Net s	hortfall 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				0
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34				0
		<u> </u>	ŭ ,	Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35	Balance	es elected for i	use to offset funding	·						
00										0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjuste		37				0
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		L L				
						38a				0
				orefunding and funding standard o		38b				
39				ear (excess, if any, of line 36 over		39				0
40		-		)	•	40				0
Pa	rt IX			Pension Relief Act of 2010		)				
			de to use PRA 2010 funding re		(000	,				
	<b>a</b> Sche	dule elected				П	2 plus 7 yea	rs	15 v	years
				41a was made				2010	_	2011
42			,			42	<u> </u>	<u> </u>		
				d over to future plan years		+				

## Schedule SB, line 26 -Schedule of Active Participant Data

## **Kuper Corporation Pension Plan**

13-2545379/001

For the plan year 10/01/2013 through 09/30/2014

#### Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 Nb.	35 to 39 Nb.	40 & up Nb.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54					1			1		
55 to 59										
60 to 64		***************************************							1	1
65 to 69										
70 & up										

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### **Kuper Corporation Pension Plan** 13-2545379 / 001

For the plan year 10/01/2013 through 09/30/2014

Valuation Date:

**Funding Method:** As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of participation

10/01/2013

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

North Hill	
Year	Rate %
5 - 20	1.35 4.05 5.05
	Year 0 - 5 5 - 20 > 20

Segment	rates a	s of Se	eptemi	ber 30	2012	As
permitted						
Segmen	t#		Yea	ır	Ra	te %
Cannan		September 1 Springer	0 -	e estimate Elizabeth	<u> 1 200 - 00</u> 140 - 154	4.94
Segmen						4.54
Segmen	t 2		6 - 2	20		6.15
s depositive (de			i de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela			,
Segmen	13		> 21	U	Wile!	6.76

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A) at 6%

13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on top 20% of employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

**Asset Valuation Method:** 

Pre-Retirement - Interest -7.5% 7.5% Post-Retirement - Interest -

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

**KUPER** 

March 27, 2015

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Kuper Corporation Pension Plan 13-2545379 / 001

For the plan year 10/01/2013 through 09/30/2014

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

the internal revenue code (the code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

T CHOIGH D	crem duranty corporation	▶ Complete all entries in accord	lance with the instru	ctions to the Form 550	00-SF.	
Part I	Annual Report Id	dentification Information	/01/2013	and ending	00/3	0/2014
		FT1		plan (not multiemployer)		ne-participant plan
	idirate port to rot.		the final return/report		[] a or	ie-panicipani pian
B This ref	furn/report is:		**************************************	n/report (less than 12 m	onthe)	
C Chark	hay if filing under		automatic extension	ineport (less than 12 in		/C program
C Check	box if filing under:	special extension (enter description			Пыч	o program
Part II	Basic Plan Inform	mation—enter all requested informa				
1a Name		Traction Cities an requested internal			1b Three-	digit
	CORPORATION PE	NSION PLAN			plan nu	ımber
					(PN) I	
						ve date of plan ./1969
	consor's name and addr	ress; include room or suite number (em	ployer, if for a single-	-employer plan)		ver Identification Number .3-2545379
43 WEST	r 33RD STREET					or's telephone number
NEW YOR	o w	NY 10001-3000				ss code (see instructions)
	iministrator's name and		me Same as Plar	Sponsor Address	3b Adminis	strator's EIN
KUPER C	CORPORATION					545379
43 WEST	33RD STREET					strator's telephone number 664-5760
NEW YOR		10001 2000				
MEM TOU	KK.	NY 10001-3000			1	
		olan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN	
4 If the name,	ame and/or EIN of the p EIN, and the plan numb		st return/report filed fo	or this plan, enter the	4b EIN	
4 If the name, a Sponso	ame and/or EIN of the p EIN, and the plan numb or's name	olan sponsor has changed since the las			4c PN	5
4 If the name, a Sponso	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at	olan sponsor has changed since the last er from the last return/report.			4c PN 5a	5
4 If the name, a Sponso 5a Total ni b Total ni c Numbe	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants at er of participants with acc	olan sponsor has changed since the last per from the last return/report.  the beginning of the plan yearthe end of the plan year count balances as of the end of the plan	an year (defined bene	fit plans do not	4c PN 5a 5b	5
4 If the name, a Sponso 5a Total no b Total no c Number complete	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants at er of participants with accepte this item)	olan sponsor has changed since the last per from the last return/report.  the beginning of the plan year  the end of the plan year  count balances as of the end of the plan	an year (defined bene	fit plans do not	4c PN 5a 5b 5c	5
4 If the name, a Sponso 5a Total n b Total n c Numbe comple 6a Were a b Are you	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants at er of participants with accete this item)	olan sponsor has changed since the last per from the last return/report.  I the beginning of the plan year  I the end of the plan year  Count balances as of the end of the plan year invested in eligible annual examination and report of an	an year (defined bene assets? (See instruct	fit plans do not lions.)d public accountant (IQF	4c PN 5a 5b 5c	
4 If the mane, a Sponso 5a Total m b Total m c Numbe complete 6a Were a b Are you under 2	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants at er of participants with accete this item)	olan sponsor has changed since the last per from the last return/report.  I the beginning of the plan year  I the end of the plan year  Count balances as of the end of the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an	an year (defined bene assets? (See instruct independent qualifie id conditions.)	fit plans do not lions.) d public accountant (IQF	4c PN 5a 5b 5c PA)	
4 If the name, a Sponso 5a Total n b Total n c Number comple 6a Were a b Are you under 2 If you a	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	olan sponsor has changed since the last per from the last return/report.  I the beginning of the plan year  I the end of the plan year  Count balances as of the end of the plan uring the plan year invested in eligible annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	an year (defined bene assets? (See instruct independent qualifie id conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use	4c PN 5a 5b 5c PA) Form 5500.	X Yes \[ \] No \[ \tilde{\text{X}} Yes \[ \] No
4 If the name, a Sponso 5a Total n b Total n c Number comple 6a Were a b Are you under 2 If you a	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	olan sponsor has changed since the last per from the last return/report.  I the beginning of the plan year  I the end of the plan year  Count balances as of the end of the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an	an year (defined bene assets? (See instruct independent qualifie id conditions.)	fit plans do not tions.) d public accountant (IQf and must instead use	4c PN 5a 5b 5c PA) Form 5500.	X Yes \[ \] No \[ \tilde{\text{X}} Yes \[ \] No
4 If the mane, a Sponso 5a Total m b Total m c Numbe comple 6a Were a b Are you under 2 If you a c If the pl Caution: A	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	olan sponsor has changed since the last per from the last return/report.  It the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifie d conditions.) t use Form 5500-SF a urance program (see in	fit plans do not lions.) d public accountant (IQF and must instead use ERISA section 4021)?	4c PN 5a 5b 5c PA) Form 5500 Yes  se is establis	X Yes  \[ \] No  \[ \] Not determined hed.
4 If the mane, a Sponso 5a Total n b Total n C Numbe comple 6a Were a b Are you under 2 If you a C If the pl Caution: A Under penal SB or Sched	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants at er of participants with accete this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier d conditions.)	fit plans do not  tions.)  d public accountant (IQf  and must instead use to the section 4021)?  Inless reasonable cau	4c PN 5a 5b 5c PA) Form 5500. Se is establis	X Yes No  X Yes No  No Not determined  hed.
4 If the mane, a Sponso 5a Total m b Total m c Numbe comple 6a Were a b Are you under 2 If you a c If the pl Caution: A Under penal SB or Sched belief, it is tre	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier d conditions.)	fit plans do not  fit plans do not  d public accountant (IQF  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report,	4c PN 5a 5b 5c PA) Form 5500. Se is establisiont, including, and to the being	X Yes No  X Yes No  No Not determined  hed.
4 If the mane, a Sponso 5a Total n b Total n C Numbe comple 6a Were a b Are you under 2 If you a C If the pl Caution: A Under penal SB or Sched belief, it is tru	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item) all of the plan's assets de u claiming a waiver of the 29 CFR 2520.104-46? (5 answered "No" to eithe an is a defined benefit p penalty for the late or i titles of perjury and other dule MB completed and s ue, correct, and complet	clan sponsor has changed since the last per from the last return/report.  It the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier d conditions.)	fit plans do not  tions.)	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the best	X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and
4 If the mane, a Sponso 5a Total n b Total n C Numbe comple 6a Were a b Are you under 2 If you a C If the pl Caution: A Under penal SB or Sched belief, it is tru	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	clan sponsor has changed since the last per from the last return/report.  It the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier d conditions.)	fit plans do not  dions.)	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the best	X Yes No X Yes No No Not determined hed. if applicable, a Schedule st of my knowledge and
4 If the mane, a Sponso 5a Total m b Total m c Numbe comple 6a Were a b Are you under 2 If you a c If the pl Caution: A Under penal SB or Sched belief, it is the SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accepte this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier id conditions.)	fit plans do not  tions.) d public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report,  JOSEPH KUPERMA Enter name of individu Joseph Kuperma	4c PN 5a 5b 5c PA) Form 5500. Se is established, and to the best and t	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and
4 If the mane, a Sponso 5a Total m b Total m c Number complete b Are you under 2 If you a c If the pl  Caution: A Under penal SB or Scheol belief, it is tru  SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accete this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier de conditions.)	fit plans do not  dions.)  dio	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the beauting and the beauting and the second and the secon	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and  plan administrator  employer or plan sponsor
4 If the mane, a Sponso 5a Total m b Total m c Number complete b Are you under 2 If you a c If the pl  Caution: A Under penal SB or Scheol belief, it is tru  SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accete this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier de conditions.)	fit plans do not  dions.)  dio	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the beauting and the beauting and the second and the secon	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and
4 If the mane, a Sponso 5a Total m b Total m c Number complete b Are you under 2 If you a c If the pl  Caution: A Under penal SB or Scheol belief, it is tru  SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accete this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier de conditions.)	fit plans do not  dions.)  dio	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the beauting and the beauting and the second and the secon	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and  plan administrator  employer or plan sponsor
4 If the mane, a Sponso 5a Total m b Total m c Number complete b Are you under 2 If you a c If the pl  Caution: A Under penal SB or Scheol belief, it is tru  SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accete this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier de conditions.)	fit plans do not  dions.)  dio	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the beauting and the beauting and the second and the secon	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and  plan administrator  employer or plan sponsor
4 If the mane, a Sponso 5a Total m b Total m c Number complete b Are you under 2 If you a c If the pl  Caution: A Under penal SB or Scheol belief, it is tru  SIGN HERE	ame and/or EIN of the p EIN, and the plan numb or's name umber of participants at umber of participants with accete this item)	clan sponsor has changed since the last per from the last return/report.  If the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier de conditions.)	fit plans do not  dions.)  dio	4c PN 5a 5b 5c PA) Form 5500. Se is establishort, including, and to the beauting and the beauting and the second and the secon	X Yes No X Yes No No Not determined  hed. if applicable, a Schedule st of my knowledge and  plan administrator  employer or plan sponsor

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a	16	444	67		171579
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	16	444	67		171579
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	1	6433	31		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					16433
þ	Benefits paid (including direct rollovers and insurance premiums			9300	امد		
	to provide benefits)	8d		2300	-		
	Certain deemed and/or corrective distributions (see instructions)	8e					<del></del>
	Administrative service providers (salaries, fees, commissions)	8f			+		
	Other expenses	8g			- -		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9300
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i			_ _		7133
	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics		<u></u>				
9a	If the plan provides pension benefits, enter the applicable pension $1\mathrm{A}$	feature co	des from the List of Plan Char	acteris	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Cod	ies in t	the instructions:
Par	V Compliance Questions						
10	During the plan year:		<u> </u>		Yes	No	Amount
a	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		х	
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		15000
đ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	***************************************
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.)	er persons of the bene	by an insurance carrier, efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х	
g	Did the plan have any participant toans? (If "Yes," enter amount as	of year e	nd.)	10g	i	х	
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)	See instru	clions and 29 CFR	10h			
i							
Part				·1			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						
<b>1</b> 1a	Enter the unpaid minimum required contribution for current year fro					11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		<del></del>				
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	•			and e	nter th Day	ne date of the letter ruling Year
]f	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.				
b	b Enter the minimum required contribution for this plan year						

	Form 5500-SF 2013	Page 3 -						
c	Enter the amount contributed by the employer	to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amoungative amount)	int in line 12b. Enter the result (enter a minu	is sign to the left of	a	12đ			
0	Will the minimum funding amount reported on					Yes	No	N/A
Part	VII Plan Terminations and Transf	ers of Assets						
13a	Has a resolution to terminate the plan been adop	ted in any plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes XN	3	
	If "Yes," enter the amount of any plan assets t	hat reverted to the employer this year			13a			
d	Were all the plan assets distributed to particip of the PBGC?	ants or beneficiaries, transferred to another	plan, or brought ur	der the c	ontrol		Yes X	No
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (So		plan(s), identify the	plan(s) t	0			
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) P	N(s)
						***************************************		
Part	VIII Trust Information (optional)						•	
14a I	Name of trust	The state of the s		1	14b T	rust'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).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	▶ File as an attachmei	nt to Form	5500 or 5	500-SF.			
For calendar plan year 2013 or fiscal p	lan year beginning 10/01/	2013		and endin	g 09	/30/2014	
▶ Round off amounts to nearest do	llar.						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report u	nless reaso	nable cau	ise is established			
A Name of plan				B Three-digi			
Kuper Corporation Pension	Plan			plan numb	er (PN)	<b>&gt;</b>	001
						6.00	
C Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SF			D Employer Id-	entificat	ion Number	(EIN)
Kuper Corporation				1:	3-254	5379	
					7404.5	Tu	
E Type of plan: X Single Multiple	e-A Multiple-B F	rior year pi	ian size:[x	100 or fewer	101-5	OO LIMOI	e than 500
Part   Basic Information							
1 Enter the valuation date:	Month 10 Day 01	Year_	2013	-			State and the comment of the comment
2 Assets:							
a Market value			•••••		2a		1,644,467
<b>b</b> Actuarial value			********	• • • • • • • • • • • • • • • • • • • •	2b		1,644,467
3 Funding target/participant count be	reakdown:		(1) Nu	ımber of participa	ints	(2)	Funding Target
a For retired participants and bene	eficiaries receiving payment	3a			1		390,791
<b>b</b> For terminated vested participar	nts	3b			0		0
<b>c</b> For active participants:	(						
		3c(1)		70 C C 60 G			0
(2) Vested benefits		3c(2)			1		
(3) Total active		3c(3)			4 1,		
d Total		3d			5		1,464,270
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and (b	o)					
a Funding target disregarding pres	scribed at-risk assumptions			• • • • • • • • • • • • • • • • • • • •	4a		
	assumptions, but disregarding transition ve consecutive years and disregarding			ave been in	4b		
_					5		5.88 %
6 Target normal cost					6		17,515
Statement by Enrolled Actuary				1			
	fled in this schedule and accompanying schedules, my opinion, each other assumption is reasonable (t experience under the plan.						
SIGN Stephen	Mandi				4/8	/2015	
S	ignature of actuary					Date	
Stephen Margolie	s, E.A.					14-02408	
Туре с	or print name of actuary				Most re	ecent enrollm	ent number
Planned Retireme	nt Consultants				(20	1) 447-6	010
P.O. Box 5126	Firm name			Tel	ephone	number (incl	luding area code)
US Ridgewood	NJ 07451-5126						
	Address of the firm						
If the actuary has not fully reflected any r	egulation or ruling promulgated under	the statute	in complet	ting this schedule	, check	the box and	see

Page 2

Schedule	SB	(Form	5500)	2013

o niliinaan	acres to reacres at \$											-
Pa	rt II Be	ginning of Year	Carryo	ver and Prefunding Bal	ances	(0)	Carryover balance		(b) (	Orofund	ina halanaa	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					r						
8							1. 0.0000	0				0
9	9 Amount remaining (line 7 minus line 8)							33				0
				eturn of				2				0
11				d to prefunding balance:				27,000				
	a Present v	alue of excess contri	ibutions (lir	ne 38a from prior year)								0
	b Interest o	n (a) using prior year	r's effective actions)	interest rate of6.49% e	xcept as							0
	C Total ava	ilable at beginning of	current pl	an year to add to prefunding ba	lance .		100000000					0
	<b>d</b> Portion of	f (c) to be added to p	refunding l	palance			Service Co.					0
12	Other reduct	lions in balances due	to election	ns or deemed elections				0				0
13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .		·		35				0
Pa	rt III 📗 F	unding Percent	ages	***************************************								
14	Funding targ	et attainment percen	tage				*******			14	112.30	%
15	Adjusted fun	ding target attainmer	nt percenta	ge						15	112.30	%
	Prior year's f	funding percentage for	or purpose	s of determining whether carry	over/prefu	ınding bala	nces may be used	to redu	ce	16	120.76	%
17	If the current	t value of the assets	of the plan	is less than 70 percent of the f	unding ta	rget, enter	such percentage			17		%
Pa	rt IV C	ontributions ar	nd Liquie	dity Shortfalls								
18	Contributions	s made to the plan fo	r the plan	year by employer(s) and emplo	yees:			•				
(M)	(a) Date M-DD-YYYY)	(b) Amount p employer(		(c) Amount paid by employees		) Date D-YYYY)	(b) Amount employe		/	(c) Amo emp	unt paid by loyees	
					Totals	► 18(b)			18(c)			
19	Discounted e	employer contribution	ıs see in	structions for small plan with a	valuation	date after	the beginning of the					
	a Contribution	ons allocated toward	unpaid mi	nimum required contributions f	om prior	years		19a				
	<b>b</b> Contribution	ons made to avoid re	strictions a	adjusted to valuation date	• • • • • • • •	• • • • • • • • • • • •		19b				
	C Contribution	ons allocated toward	minimum	required contribution for curren	t year ad	usted to va	luation date	<u>19c</u>	Transfer to the desired by the control of the contr		edla più 200 estatente encent	0
20	Quarterly cor	ntributions and liquid	ity shortfali	s:						100166		
	·=	=		the prior year?				•••••		····· [	Yes X No	)
	<b>b</b> If line 20a	is "Yes," were requir	ed quarter	ly installments for the current y	ear made	in a timely	manner?	•••••		···· [	Yes No	٥
	C If line 20a	is "Yes," see instruc	tions and o	complete the following table as	applicabl	e:						
				Liquidity shortfall as of end	of quarte			1		(4)		
	(1)	) 1st		(2) 2nd		(3)	3rd	+	1	(4) 4t	<u>n</u>	
								1				

P	art V   Assumptic	ons Used To Determin	e Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment	: %	N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	0
22	Weighted average re	tirement age			22	6!
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	ıte
Pa	rt VI Miscellane	eous items				
500/mm/220/2000	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current			
25			lan year? If "Yes," see instructions			
			Participants? If "Yes," see instruc			
27	If the plan is subject t	o alternative funding rules, er	ter applicable code and see instru	ctions regarding	27	
Pa			um Required Contribution			
28			years		28	<u> </u>
29	Discounted employer	contributions allocated towar	d unpaid minimum required contrib	utions from prior years	29	
30			ntributions (line 28 minus line 29)		30	
Pa		Required Contribution			,	
31	Target normal cost ar	nd excess assets (see instruct	ions):		Т	T .
				- "-	31a	17,515
	b Excess assets, if an	oplicable, but not greater than	line 31a		31b	17,515
32	Amortization installme	ents:		Outstanding Bala	ance	Installment
			• • • • • • • • • • • • • • • • • • • •			
	<b>b</b> Waiver amortization	n installment			<del>,</del>	
33			nter the date of the ruling letter gran		33	
34	Total funding requirem	nent before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for u	use to offset funding				
36	Additional cash requir	ement (line 34 minus line 35)			36	0
37			ontribution for current year adjuste		37	0
38	Present value of exce	ss contributions for current ye	ar (see instructions)			
	a Total (excess, if any	, of line 37 over line 36)			38a	0
	<b>b</b> Portion included in I	ine 38a attributable to use of	prefunding and funding standard c	arryover balances	38b	0
39	Unpaid minimum requ	ired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum requ	ired contributions for all years			40	
C/00/44/9006//675	-manufaction and Communication		Pension Relief Act of 2010		5)	
41	If an election was made	e to use PRA 2010 funding re	lief for this plan:			
-	a Schedule elected .				[	2 plus 7 years 🔲 15 years
	b Eligible plan year(s)	for which the election in line	41a was made		. 200	08 2009 2010 2011
					42	
			l over to future plan years		43	
			· · · · · · · · · · · · · · · · · · ·		L	

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

Kuper Corporation Pension Plan 13-2545379 / 001 For the plan year 10/01/2013 through 09/30/2014

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## Schedule SB, Part V **Summary of Plan Provisions**

#### **Kuper Corporation Pension Plan** 13-2545379 / 001

For the plan year 10/01/2013 through 09/30/2014

**Employer:** 

Kuper Corporation

Type of Entity - C-Corporation

EIN: 13-2545379

TIN: 13-2545379

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 07/01/1969

Year end - 09/30/2014

Valuation - 10/01/2013

Top Heavy Years - 2010, 2011, 2012, 2013

Eligibility:

Retirement:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 6

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of plan year during which eligibility satisfied

Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Attainment of age 62 and completion of 15 years of service

**Average Compensation:** 

Highest 5 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the fixed benefit formula below:

55% of average monthly compensation reduced by 1/25 for each year of participation less than

25 years

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

**IRS Limitations:** 

415 Limits -

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form:

Life Annuity Guaranteed for 10 Years

**Optional Forms:** 

Life Annuity

Life Annuity Guaranteed for 10 Years

Vesting Schedule:

Years Percent

0% 1 0% 2 0% 3 50% 4 75% 5 100%

Service is calculated using all years of service

Joint with 50%, 75% or 100% Survivor Benefit

# Schedule SB, Part V Summary of Plan Provisions

#### Kuper Corporation Pension Plan 13-2545379 / 001

For the plan year 10/01/2013 through 09/30/2014

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment#	Years Rate %
Segment 1	0 - 5 1.40
Segment 2	6 - 20 4.66
Segment 3	> 20 5.62

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

#### Actuarial Equivalence:

Pre-Retirement - Interest - 6.5%

Mortality Table - None

Post-Retirement - Interest - 6%

Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)