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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	ort identification informatio				
For calendar plan year 2014		<u>/2014</u>	and ending 12	/31/2014	
	X a single-employer plan		plan (not multiemployer)		
A This return/report is for:			oyer information in accord	dance with the forr	n instructions)
_	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repor			
	an amended return/report	a short plan year reti	urn/report (less than 12 m	onths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC pi	ogram
Check box if filling under.	special extension (enter des	ш		о .	ŭ
	Special extension (enter des	scription)			
Part II Basic Plan I	nformation—enter all requested	information		T	
1a Name of plan	D.C. DENCION DI ANITRUCT			1b Three-digit plan number	
BARBARA E. FRANCO, C.P.A	, P.C. PENSION PLAN TRUST			(PN) ▶	003
				1c Effective da	
					1/01/2000
	d address; include room or suite nun	nber (employer, if for a singl	e-employer plan)	2b Employer lo	lentification Number
BARBARA E. FRANCO, C.P.A.	, P.C.				1-3257172
					elephone number
3601 HEMPSTEAD TURNPIKE LEVITTOWN, NY 11756					6-520-4200
					ode (see instructions) 41211
3a Plan administrator's nam	e and address XSame as Plan Spo	onsor.		3b Administrat	
				7.0	
				3c Administrat	or's telephone number
4 If the name and/or EIN o	f the plan sponsor has changed sind	ce the last return/report filed	for this plan, enter the	4b EIN	
name, EIN, and the plan	number from the last return/report.		тот имо роше, отности		
a Sponsor's name				4c PN	
	ants at the beginning of the plan yea			5a	2
	ants at the end of the plan year			5b	2
	vith account balances as of the end			5c	
'	e participants at the beginning of the			5 1/4)	
. ,				5d(1)	2
d(2) Total number of active	e participants at the end of the plan	/ear		5d(2)	4
	at terminated employment during the			5e	(
	ate or incomplete filing of this retord of the retord of t	<u> </u>			
SB or Schedule MB complete	ed and signed by an enrolled actuary				
belief, it is true, correct, and o		10/00/0017		0.5.4	
31314	zed/valid electronic signature.	10/08/2015	BARBARA FRANCO	UPA	
HERE Signature of pla	an administrator	Date	Enter name of individ	lual signing as plar	administrator
SIGN					
HERE Signature of en	nployer/plan sponsor	Date	Enter name of individ	lual signing as emr	oloyer or plan sponsor
	rm name, if applicable) and address				one number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a continuous conti	an indeper and condit ot use Fo	ndent qualified public accountations.) prm 5500-SF and must instea	nnt (IQ d d use	PA) Form	5500.		×	Yes [No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	X No	No	t determ	ined
Par	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Eı	nd of Y		
a	Total plan assets	7a	12806						409228	
b	Total plan liabilities	7b		0)
C	Net plan assets (subtract line 7b from line 7a)	7c	12806	507					409228	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:	90(1)	250	000						
	(1) Employers	8a(1)		0						
		8a(2)		0						
	(3) Others (including rollovers)	8a(3) 8b	588	335						
		8c							8383	5
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80							00000	,
	to provide benefits)	8d	9462	284						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	89	930						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							955214	4
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-871379	9
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare fe									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				1	30000
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 insurance service, or other organization that provides some or all instructions.)	of the ben	nefits under the plan? (See	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 vear	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g 10h						
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part	VI Pension Funding Compliance					_				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							×	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		· ·		•
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			00		01				_
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and e	ntor th	ne date d	of the le	attor rulir	na

......Month

Day

Year

granting the waiver.

	Form 5500-SF 2014 Page 3 - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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?	X	Yes N	lo	
	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	s 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):	13c(2) E	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

	rension be	enent Guaranty Corporation		▶ File a	s an attac	chment to Forn	5500 or	5500-SF.			
For	calendar	plan year 2014 or fis	cal plan y	ear beginning	01/01/20	14		and en	ding 12	/31/2014	
) I	Round o	ff amounts to neares	st dollar.								
• (Caution:	A penalty of \$1,000 v	will be ass	sessed for late filing	g of this re	port unless reas	onable ca	ause is establis	hed.		
	lame of p		O DENIG	NON DI ANI TOUG	_			B Three-o	digit		003
BAF	(BARA E	. FRANCO, C.P.A., P	.C. PENS	SION PLAN TRUST				plan nu	mber (Pl	I) •	
C	lan enon	sor's name as shown	on line 2	a of Form 5500 or	5500-SE			D Employe	r Identifi	ation Number (E	=INI\
		. FRANCO, C.P.A., P		a 011 01111 3300 01	3300-31			Lilipioye		57172	-114)
		,									
Ет	ype of pla	an: X Single M	ultiple-A	Multiple-B		F Prior year p	an size:	X 100 or fewer	101	-500 More th	nan 500
Pa	rt I	Basic Informatio	n	<u> </u>	l l			<u></u>		<u> </u>	
1		ne valuation date:		Month 12	Day	31 Year	2014				
2	Assets:		<u>'</u>	VIOTILIT 12	Day	T Car	2017	_			
_		et value							2a		342451
		arial value							2b		342451
3		g target/participant co					(1)	Number of	1	ested Funding	(3) Total Funding
5	rununi	g targer participant co	uiii bieak	down			` '	rticipants	(2)	Target	Target
	a For re	etired participants and	d beneficia	aries receiving pay	ment			()	0	0
	b For te	erminated vested part	icipants					()	0	0
		ctive participants							2	157691	157691
	_)	157691	157691
4		an is in at-risk status,						П	1		.0.00
7									4a		
		ing target disregarding	· .	•							
		ling target reflecting a risk status for fewer t							4b		
5	Effectiv	e interest rate							5		6.83%
6	Target	normal cost							6		83957
State	ement b	y Enrolled Actuary							<u> </u>	- 1	
1	o the best	of my knowledge, the informa	ation supplied	d in this schedule and ac	companying s	schedules, statements	and attachn	nents, if any, is com	plete and ac	curate. Each prescrib	ed assumption was applied in and such other assumptions, in
		, offer my best estimate of an				(g				,	, , , ,
S	IGN										
Н	ERE									10/06/20	015
			Signa	ture of actuary				_		Date	
MIC	HAEL FF	RANK								14-024	40
		7	Type or pr	int name of actuar	/				Mos	recent enrollme	ent number
MIC	HAEL FF	RANK, FSA								212-567	7-1464
			F	irm name					Telephor	e number (inclu	
		STREET NY 10040									
L V		10010									
			Add	ress of the firm				_			
t the	actuary I	has not fully reflected	any regul	ation or ruling pror	nulgated ι	under the statute	in compl	eting this sche	dule, che	ck the box and s	ee

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances									
_								(a) (Carryover balance		(b) F	²refundiı	ng balance		
7		•	0 . ,		cable adjustments (line 13 f	•				0			0		
8					unding requirement (line 35					0			0		
9										0			0		
10	Interest	on line 9	using prior year's	actual ret	urn of <u>0.00</u> %					0			0		
11	Prior yea	ır's exce	ess contributions to	be added	d to prefunding balance:										
	a Prese	nt value	of excess contribu	utions (line	38a from prior year)								0		
					Ba over line 38b from prior ye interest rate of6.15										
					nedule SB, using prior year's								0		
	` ,		•	•	g prior your								0		
	C Total a	vailable	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							0		
	d Portio	n of (c) t	to be added to pre	funding ba	alance								0		
12	Other re	in balances due t	s or deemed elections								0				
13	Balance	at begir	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12)				0			0		
Pa	Part III Funding Percentages														
14	Funding											14	217.16 %		
15 Adjusted funding target attainment percentage										15	141.71 %				
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce									16	216.42 %				
current year's funding requirement										17	%				
	art IV		tributions and		·	3 1 3 1	J, -		, , , , , , , , , , , , , , , , , , ,						
				•	ear by employer(s) and emp	olovees:									
	(a) Date	!	(b) Amount pa		(c) Amount paid by	(a) [Date		(b) Amount pa	id by	(() Amou	nt paid by		
	IM-DD-YY	YY)	employer(s)	employees	(MM-DE)-YYY	′)	employer(s)	employees				
80	3/20/2015			25000	0										
						Totals ▶	1	8(b)		25000	18(c)		0		
40	Discount				to a the second	l .		•	h - hii		10(0)		0		
19			-		tructions for small plan with					19a					
	_			•	imum required contributions				· ·	19b			0		
					djusted to valuation date uired contribution for current y				h i	19c			23970		
20			utions and liquidit			real aujustet	ı ıo val	ualiUl	11 uale	130			23970		
20	•		•	,	he prior year?							Г	Yes X No		
			_		y installments for the curren								Yes No		
			•		omplete the following table a	•		пету	maillei:				169 140		
	• II IIII e	∠∪a 15	i co, oce ilistructi	orio ariu cc	Liquidity shortfall as of e			is pla	an year						
		(1) 1s	it		(2) 2nd	7		(3)	3rd			(4) 4th	1		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost									
21	Discou	nt rate:												
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curve	e used				
	b Appl	icable month (enter code)			21b				4				
22	Weight	ed average ret	irement age			22								
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitute								
Pa	rt VI	Miscellane	ous Items											
24				uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	eauirea	1					
		-							Yes	X No				
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No				
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No				
27	If the p	lan is subject to	o alternative funding rules, ent	er applicable code and see instruc	tions regarding	27								
	attachn	nent	-											
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years									
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0				
29	Discou (line 19	nted employer a)	contributions allocated toward	unpaid minimum required contrib	utions from prior years	29				0				
30				ntributions (line 28 minus line 29)		30				0				
Pa	rt VIII	Minimum	Required Contribution	For Current Year										
31			nd excess assets (see instruct											
			*	······		31a				83957				
	_		·	line 31a		31b				83957				
32		zation installme	<u> </u>		Outstanding Bala	ance	I	nstallm	ent					
	a Net s	shortfall amortiz	zation installment			0				0				
	b Waiv	er amortization	n installment			0				0				
33				ter the date of the ruling letter grar		33								
34	Total fu			er/prefunding balances (lines 31a -		34	0							
		<u> </u>	Ů,	Carryover balance	Prefunding bala	nce	To	tal bal	ance					
35	Ralanc	as alacted for 1	use to offset funding	,	3									
00				0		0				0				
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0				
37	Contrib (line 19	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				23970				
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)										
	a Total	(excess, if any	y, of line 37 over line 36)			38a				23970				
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0				
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0				
40	Unpaid	l minimum requ	uired contributions for all years	3		40				0				
Pa	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)								
41	If an ele		de to use PRA 2010 funding re			<u> </u>								
	a Sche	dule elected					2 plus 7 yea	ars	15	years				
	b Eligik	ole plan year(s) for which the election in line	41a was made				2010		2011				
42			•			42	<u> </u>							
				d over to future plan years		43								

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	For Funding Min Max	For Actuarial Equivalence
Interest Rates	Seg 1 4.99% 1.15%	Seg 1 1.24%
	Seg 2 6.32% 4.06%	Seg 2 3.86%
	Seg 3 6.99% 5.14%	Seg 3 4.96%
Pre-Retirement		
Turnover	None	None
Mortality	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement		
Mortality	2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49
Assumed Benefit Form Fo	or Funding	Lump Sum
Calculated Effective Inter	est Rate	6.83%
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.

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

Form 5500-SF

Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089 2014

	al Revenue Service	This form is required to be filed				2017
Deg Employee Be	partment of Labor nafits Security Administration	Income Security Act of 1974	Revenue Code (the Code)	(D) 2110 0030(a) 01 111 0	iii(Gi i rai	This Form is Open to
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection
Part I	Annual Report I	dentification Information				
For calenda	r plan year 2014 or fisc	al plan year beginning	01/01/2014	and ending		/31/2014
A This retu	urn/report is for	a single-employer plan a one-participant plan		an (not multiemployer) (er information in accord		king this box must attach a list the form instructions)
B This retu	rn/report is	the first return/report	the final return/report			
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	opail.io	an amended return/report	a short plan year return	report (less than 12 me	onths)	
C Check b	ox if filing under:	X Form 5558	automatic extension		_	FVC program
		special extension (enter descri	ption)			
Part II	Pacie Plan Infor	motion				
1a Name o		mation—enter all requested info	ormation		1b Thre	e-dinit
	•	.P.A., P.C. Pension	Plan Trust			number 003
						ctive date of plan
2a Plan sp Barbara	onsor's name and add E. Franco, C	ress; include room or suite numbe . P.A., P.C.	r (employer, if for a single-	employer plan)		loyer Identification Number) 11-3257172
3601 HE	MPSTEAD TURNP	IKE				nsor's telephone number -520-4200
LEVITTO	WN	NY 11756			2d Busi	ness code (see instructions) 211
3a Plan ad	ministrator's name and	address XSame as Plan Spons	or.		3b Adm	inistrator's EIN
		plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b EIN	
a Sponso		ber from the last return/report.			4c PN	
		at the beginning of the plan year			5a	2
b Total n	umber of participants a	t the end of the plan year			5b	2
C Numbe	er of participants with a	ccount balances as of the end of the	he plan year (defined bene	fit plans do not	5c	
		lcipants at the beginning of the pla			5d(1)	2
d(2) Tota	I number of active part	icipants at the end of the plan yea	г		5d(2)	2
		minated employment during the pl			50	0
Caution: A	penalty for the late or	r incomplete filing of this return	report will be assessed u	inless reasonable cau		
SB or Sched		er penaities set forth in the instruct d signed by an enrolled actuary, as etc.				
SIGN	Doule E	trano	498/151	Barbara Franco	CPA	
HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual signing	as plan administrator
SIGN						
HERE	Signature of employ		Date		ual signing	as employer or plan sponsor
Preparer's n	name (including firm na	me, if applicable) and address (inc	clude room or suite number	r) (optional)	Preparer's	s telephone number (optional)
		and OMB Control Numbers, see the				Form 5500-SF (2014)

C Net plan assets (subtract line 7b from line 7a)	Form 5500-SF 2014	· · · · · · · · · · · · · · · · · · ·	Page 2							
C If the plan is a defined benefit plan, is it covered under the PBSC insurance program (see ERIBA section 4021)?	b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)			_	_	_ _
7 Plan Assets and Liabilities							X No	☐ Not d	etermir	ned
a Total plan assets. 7a 1280607 409228 b Total plan liabilities 7b from ine 7a) 7b 0 0 0 0 028 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan assets (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 7c 1280607 409228 c Net plan seases (subtract line 7b from ine 7a) 8a(3) 0 0 c Net plan seases (subtract line 7b from ine 7a) 8a(3) 0 0 c Net plan seases (subtract line 7b from ine 7a) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8b) 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), and 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), 8a(3), 8a(3), 8a(3) 0 0 c Net plan seases (subtract line 8a(1), 8a(2), 8a(3), 8a(Part III Financial Information									
b Total plan liabilities	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Yea	ır	
C. Net plan assets (subtract line 75 from ine 7a)	a Total plan assets	. 7a	128	3060	7				40	9228
8 income, Expenses, and Transfers for this Pfan Year a Contributions received or receivable from: (1) Employers. 8a(1) 25000 (2) Participants. 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (3) Others (including rollovers). 8a(3) 0 (5) Other income (load) lines 8d(1), 8a(2), 8a(3), and 8b). 8b 58835 (C Total income (load) lines 8d(1), 8a(2), 8a(3), and 8b). 8c 0 (8) Benefits paid (including direct rollovers and insurance premiums by provide benefits). 8c 0 (8) Benefits paid (including direct rollovers and insurance premiums by provide benefits). 8d 94 6284 8d 94 6284 8d 94 6284 8d 95 83835 8d 96 96 97 98 98 98 98 98 98 98 98 98 98 98 98 98	b Total plan liabilities	. 7b			0					0
a Contributions received or receivable from: (1) Employers	C Net plan assets (subtract line 7b from line 7a)	. 7c	128	8060	7				40	9228
(1) Employers			(a) Amount				(b)	Total		
(2) Participants		89(1)	1	2500	0					
Sa(3) Others (including rollovers) Sa(3) Other income (loss) Sa(3)					0	ideo de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela				
b Other income (loss)					0	G.		i spesie		ing de sou
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			!	5883	5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1, 44	
to provide benefits)		8c		-1 -1					8	3835
e Certain deemed and/or corrective distributions (see instructions)	, , ,	8d	94	4628	34					
f Administrative service providers (salaries, fees, commissions)		1			0					
g Other expenses (add lines 8d, 8e, 8f, and 8g)				893	0	of States for	. ag Maria			
Total expenses (add lines 8d, 8e, 8f, and 8g)	g Other expenses	1			0		11. 200 pt. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			
Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)								95	5214
Part IV	i Net income (loss) (subtract line 8h from line 8c)	. 8i							-87	1379
Part V Compliance Questions	j Transfers to (from) the plan (see instructions)	. 8j			0			The gray all		
Description List of Plan Characteristic Codes in the instructions:	Part IV Plan Characteristics									
Part V Compliance Questions		feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions:		
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)		eature cod	les from the List of Plan Charac	cterist	ic Cod	es in th	ne instru	ctions:		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:				Yes	No		Amo	unt	
on line 10a.)				10a		х				
C Was the plan covered by a fidelity bond?				10b		х				
or dishonesty?				10c	Х				13	0000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	·	-	•	10d		х				
f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	her person of the ber	s by an insurance carrier, refits under the plan? (See	10e	-	х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				10f		х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				Ť						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i If 10h was answered "Yes," check the box if you either provided t									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SB	(Form	k	Yes [No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	12 Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code			302 of I	ERISA?		Yes X	No
				ctions	and e	enter th	e date o	f the lett	er rulina	

granting the waiver.Month

Day_

Year

	Form 5500-SF 2014	Page 3 -]					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and sl	kip	to line 13.					
b	Enter the minimum required contribution for this plan year				12b				
С	Enter the amount contributed by the employer to the plan for this plan ye	ear			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	•	_		12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fur	nding 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?				. X	Yes	N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year			. 13a				0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?				contro	1		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another pla	an(s	s), identify the plan(s)	to		-		
1	3c(1) Name of plan(s):			,	13c(2)	EIN(s)	13c(3) PN(s)
	VIII Trust Information (optional)								
14a I	Name of trust				14b	Trust	s EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

	Perision Bertain Guaranty Corporation	▶ File as	an attachment to Fo	rm 5500 or 8	5500-SF.				
Forc	calendar plan year 2014 or fiscal p	lan year beginning	01/01/2014		and endin	9	12/31/2	014	
	Round off amounts to nearest do								
	Caution: A penalty of \$1,000 will b	e assessed for late filing	of this report unless re	asonable ca	use is establishe	d.			
	ame of plan	D	Dl		B Three-dig			000	
В	arbara E. Franco, C.	P.A., P.C. Pens	ion Plan Trus	3 C	plan numb	er (PN)		003	
C PI	lan sponsor's name as shown on li	ne 2a of Form 5500 or 55	500-SF		D Employer I	dentificati	on Number (E	IN)	
В	arbara E. Franco, C.	P.A., P.C.			11-325717	2			
Ету	pe of plan: X Single Multipl	e-A Multiple-B	F Prior year	r plan size: X	100 or fewer	101-50	0 More th	an 500	
Pai	rt I Basic Information				-				•
1	Enter the valuation date:	Month12	Day <u>31</u> Yea	ar <u>2014</u>	_				
<u>"2</u>	Assets:								
	a Market value	•••••		•••••	•••••••	. 2a			42451
	b Actuarial value	•••••		•••••		. 2b		3	42451
3	Funding target/participant count b	reakdown		, , ,	Number of rticipants		ed Funding arget	(3) Total Fu Target	
	a For retired participants and ben	eficiaries receiving paym	ent		0		q		C
	b For terminated vested participa	nts	••••••		o		d		(
	C For active participants		············		2		157691	1	57691
	d Total				2		157691	* 1	57691
	If the plan is in at-risk status, chec			·····	П		·		
	a Funding target disregarding pre	scribed at-risk assumption	ons		—	. 4a			
	b Funding target reflecting at-risk at-risk status for fewer than to		_	•		4b			
5	Effective interest rate					. 5		(5.83%
	Target normal cost					. 6			83957
State To	ement by Enrolled Actuary to the best of my knowledge, the information s coordance with applicable law and regulations ombination, offer my best estimate of anticipal	upplied in this schedule and acco	mpanying schedules, stateme	ents and attachm	ents, if any, is complet	e and accurate and reasonal	ate. Each prescribe de expectations) a	od assumption was nd such other assu	applied in mptions, in
	IGN ERE	Michael Fr	rak				10/06/20	15	
		Signature of actuary					Date		
1ich	nael Frank				_		1402440)	
lich	Type	or print name of actuary					cent enrollme 212-567-1		-
		Firm name			Te	lephone r	umber (includ	ing area code)	
100	Arden Street						•	•	
		0040							
16W	TOTA NI 1	Address of the firm							
	actuary has not fully reflected any		ulgated under the statu	ute in comple	eting this schedul	e, check t	he box and se	 90	
nstruc	Allons .	·							

Page	2	-
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Schedule SB (Form 5500) 2014

Pa	rt II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances							
							(a)	Carryover balance		(b)	Prefund	ing balance	
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				o				0					
													_
0	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)									0			
9									0				_c
10	Interest	on line	9 using prior year	s actual ret	turn of0.00%				0				C
11	Prior ye	ar's exc	ess contributions	to be added	d to prefunding balance:					1.			
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)						11-1-11-1	diamata di kacamata di Kabupata di Kab	(
					8a over line 38b from prior ye					1			_
					ve interest rate of <u>6.15</u> %					1			0
					nedule SB, using prior year's								0
					ear to add to prefunding balance								_
	d Portio	on of (c)	to be added to or	efunding ha	alance								_
40													_
					s or deemed elections								_
100					line 10 + line 11d – line 12)				0				(
	art III		ding Percent									0.5 5 5 5	
											. 14	217.16%	•
			g target attainmer								15	141.71%	6
16					of determining whether carry						16	216.42,	6
17					s less than 70 percent of the						17	9/	-
	art IV	T			ity Shortfalls						11	<u> </u>	Ť
					ear by employer(s) and empl	ovees.							
	(a) Date		(b) Amount p		(c) Amount paid by		Date	(b) Amount pa	aid by	T :	(c) Amou	int paid by	
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employee													
	3/20/2	015		25000	0								
													_
										+			
										+		<u> </u>	
										-		·····	_
										-			
										+			_
													_
										+			_
													_
													
													_
				gentalia.		Totals ►	18(b)		25000	18(c)			0
19	Discount	ed empl	oyer contributions	s – see inst	ructions for small plan with a	valuation	date after th	ne beginning of the	year:				_
a Contributions allocated toward unpaid minimum required contributions from prior years									0				
b Contributions made to avoid restrictions adjusted to valuation date					<u> </u>	19b				0			
, , , , , , , , , , , , , , , , , , , ,						2397	0						
	20 Quarterly contributions and liquidity shortfalls:												
	a Did th	e plan h	ave a "funding sh	ortfall" for th	ne prior year?			•••••	••••••			Yes 🛛 No	
					installments for the current y		•	manner?				Yes No	
	C If line	20a is "\	es," see instructi	ons and co	mplete the following table as								
		/1\ 1=	•		Liquidity shortfall as of end	of quarte					(4) 411		_
		(1) 1s	l .		(2) 2nd		(3)	3rd			(4) 4th		

Pa	art V Assumption	ons Used to Determine	Funding Target and Targe	et Normal Cost							
21	· · · · · · · · · · · · · · · · · · ·										
	a Segment rates:	nt rates: 1st segment: 4 . 99% 2nd segment: 3rd segment: 6 . 32% N/A, full yield curve used								ed .	
	b Applicable month	(enter code)			21b	\top					
22					22	\dashv					65
23	Mortality table(s) (se			scribed - separate	Subs	titute					
	rt VI Miscellane			•	<u></u>				-		
24	Has a change been r	made in the non-prescribed ac	ctuarial assumptions for the current							 	No.
25	·····		plan year? If "Yes," see instructions						Yes		No
			e Participants? If "Yes," see instruc						Yes	+	No
27	······································		nter applicable code and see instruc		T	- T			1 68	<u> </u>	
	attachment				27						
Pa		· · · · · · · · · · · · · · · · · · ·	um Required Contribution								
28			r years		28						0
29	Discounted employer (line 19a)	r contributions allocated towar	d unpaid minimum required contrib	utions from prior years	29		:				C
30	Remaining amount of	f unpaid minimum required co	ontributions (line 28 minus line 29)	•••••	30						0
Pa	rt VIII Minimum	Required Contribution	n For Current Year								
31	Target normal cost a	ind excess assets (see instruc	ctions):								
	a Target normal cost	(line 6)			31a					83	3957
		· · · · · · · · · · · · · · · · · · ·	ı line 31a		31b					83	3957
32	Amortization installment			Outstanding Bala	ince	\top		Installn	nent		
	a Net shortfall amorti	zation installment				히					0
	b Waiver amortization	n installment				0					0
33			nter the date of the ruling letter gran		33						
34			er/prefunding balances (lines 31a -		34						0
			Carryover balance	Prefunding balar		+	Т	otal bal	ance		
35	Balances elected for	use to offset funding	23,213. 24.4.102	,		+			<u></u>		
00			0			0					0
36	Additional cash requi	rement (line 34 minus line 35)			36						0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						970				
38	38 Present value of excess contributions for current year (see instructions)										
	a Total (excess, if any, of line 37 over line 36)										
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b										
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							0			
	40 Unpaid minimum required contributions for all years										
			Pension Relief Act of 2010								
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:								
	a Schedule elected										
	b Eligible plan year(s)) for which the election in line	41a was made		П2	008	2009	2010		2011	
42	Amount of acceleration	n adjustment			42	1					

BARBARA E. FRANCO, CPA., P.C. PENSION PLAN Employer ID# : Plan No. 00

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2014

Rate

6.83%

Period

08-20-2015 to 12-31-2014

Adj Ctb

23,969.54

Totals:	25,000.00		23,969.54
Contributions allocated Contributions made to a	tributions see instructions for small plan with a valuation date after the beginning of toward unpaid minimum required contribution from prior years void benefit restrictions adjusted to valuation date toward minimum required contribution for current year, adjusted to valuation date	of the year 19a 19b 19c	0.00 0.00 23,969.54

Year

2014

<u>Date</u> 08-20-2015

19 a

b

c

Amount

25,000.00

Weighted Average Retirement Age Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

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

The later of:

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

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

Weighted average retirement age 65

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date January 1, 2000

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

180 percent of compensation

with the benefit reduced proportionately for each year of service

less than 25

Credited years are plan years commencing with the year of hire and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

Maximum benefit is \$17,500 per month

Maximum percent of salary is 100%

Benefit is based on average salary during the highest 5 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit, calculated based on

average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected

credited years at normal retirement.

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

Summary of Plan Provisions
Plan Year: 1/1/2014 to 12/31/2014
Valuation Date: 12/31/2014

Termination Benefit

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

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

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

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

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

2 percent of average compensation times credited years

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

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

with a maximum of 10 years

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

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

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

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death