### 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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Information				
For calend	lar plan year 2014 or f	iscal plan year beginning 01/01/20	14	and ending 12	/31/2014	
<b>A</b> This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor		
71	,	a one-participant plan	a foreign plan	,		
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	t		
- 11110100	arri, roport lo	an amended return/report	' '	urn/report (less than 12 m	onths)	
				aminopore (1000 than 12 m	<u>—</u>	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram
		special extension (enter descrip	•			
Part II	Basic Plan Info	ormation—enter all requested info	rmation			
1a Name					<b>1b</b> Three-digit	
FRANCESC	O P. CARRIERA P.A	CASH BALANCE PLAN			plan numb (PN) ▶	er   002
					1c Effective d	
						01/01/2014
		ddress; include room or suite number	r (employer, if for a sing	le-employer plan)		dentification Number
FRANCESC	Ó P. CARRIERA P.A.				()	42-1689647
51 BAHAMA	CIRCI F				-	telephone number 27-415-0804
TAMPA, FL					2d Business o	ode (see instructions)
					:	238100
3a Plan a	administrator's name a	and address 🏻 Same as Plan Sponso	or.		<b>3b</b> Administra	tor's EIN
						tor's telephone number
		ne plan sponsor has changed since thumber from the last return/report.	ne last return/report filed	I for this plan, enter the	<b>4b</b> EIN	
	sor's name	misor from the fact return report.			4c PN	
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	2
<b>b</b> Total	number of participants	s at the end of the plan year			5b	2
C Numb	per of participants with	account balances as of the end of the	ne plan year (defined be	nefit plans do not	5c	
	,	articipants at the beginning of the pla			5d(1)	
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan year	r		5d(2)	
		terminated employment during the plants	•		5e	(
-		or incomplete filing of this return/			uso is establishe	
Under pen	alties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ions, I declare that I hav	e examined this return/re	port, including, if a	applicable, a Schedule
	true, correct, and com	5 ,	, do the electronic v	oronom or uno return/repor	i, and to the bost t	or my miowiouge and
SIGN	Filed with authorized	I/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor
Preparer's		name, if applicable) and address (inc	clude room or suite num	ber ) (optional)	Preparer's telep	hone number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition	lent qualified public accounta	nt (IQ	PA)				<u> </u>	es [	No
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)?	X	Yes	No		Not det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	f Year		
<u>a</u>	Total plan assets	. 7a		0					7	3160	
	Total plan liabilities	. 7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	. 7c		0						3160	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(I	b) To	tal		
	(1) Employers	. 8a(1)	731	60							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							7	3160	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							7	3160	
j	Transfers to (from) the plan (see instructions)	· 8j		0							
b	If the plan provides welfare benefits, enter the applicable welfare for <b>V</b> Compliance Questions	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No	T		moun	t	
a		utions within	the time period described in				+			-	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	-	<u> </u>	10a		Х	—				
	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					
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.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i							
Part							-				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Y	es	No
11a	Enter the unpaid minimum required contribution for current year for					11a		•			0
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA	?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Day			e letter 'ear	rulin	g 

	Form 5500-SF 2014	Page <b>3</b> - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

			File as	an attachment to Form	5500 or	5500-SF.				
For	calenda	ar plan year 2014 or fiscal pl	an year beginning 0	1/01/2014		and end	ing 12/3	31/2014		
<b>•</b> 1	Round	off amounts to nearest do	llar.							
•	Caution	: A penalty of \$1,000 will be	e assessed for late filing of	of this report unless reas	onable ca	use is establish	ned.			
	lame of					<b>B</b> Three-di	git		002	
FRA	NCESC	CO P. CARRIERA P.A. CAS	H BALANCE PLAN			plan nun	nber (PN)	<b>•</b>	002	
<u> </u>	N		0 ( 5 5500 55	20.05		D	Labora CC o o	Cara Niversia au /F	-1A I\	
		nsor's name as shown on lii	ne za of Form 5500 or 55	00-SF		<b>D</b> Employer	42-168	tion Number (E	:IIN)	
TIV	WOLOC	OOT. OARRIERAT.A.					42-100	3041		
<b>-</b>	'ma of n	lon. V Single D Multiple	A D Multiple B	F Prior year pl	on size: V	100 or four	П 101 Б	00	on F00	
	ype of p	<u> </u>	e-A Multiple-B	F Prior year pr	an size. 🗡	100 or lewer	101-5	00 More th	an 500	
Pa	rt I	Basic Information								
1	Enter t	the valuation date:	Month	Day <u>31</u> Year _	2014	_		1		
2	Assets	3:								
	<b>a</b> Mark	ret value					2a			0
	<b>b</b> Actu	ıarial value					2b			0
3	Fundir	ng target/participant count be	reakdown		` '	Number of	,	ted Funding	(3) Total Fundi	ng
			<i>,</i>		pai	ticipants	Т	arget 0	Target	0
		retired participants and bene	0. ,			0				0
		terminated vested participar				0		0		0
	<b>C</b> For	active participants				2		0		0
	<b>d</b> Tota	al				2		0		0
4	If the p	olan is in at-risk status, chec	k the box and complete l	ines (a) and (b)						
	<b>a</b> Fund	ding target disregarding pre	scribed at-risk assumptio	ns			4a			
		ding target reflecting at-risk					4b			
_		t-risk status for fewer than fi							0.4	20
5	_	ve interest rate					5			99%
6		normal cost					6			11791
		oy Enrolled Actuary t of my knowledge, the information su	innlied in this schedule and accor	nnanving schedules, statements	and attachm	ents if any is comp	lete and accu	rate Fach prescribe	ed assumption was appl	lied in
a	accordance	e with applicable law and regulations.  n, offer my best estimate of anticipate	In my opinion, each other assum	ption is reasonable (taking into	account the e	xperience of the plan	and reason	able expectations) a	and such other assumption	ons, in
_		II, one in poor commute or annoque	or experience under the plant							
	IGN							40/40/00	M.E.	
П	ERE							10/13/20	J15	
			ignature of actuary					Date		
ROE	BERT I.	BOSTIAN, JR.				<u> </u>		14-012		
		,,	or print name of actuary				Most r	ecent enrollme		
THE	PENSI	ON STUDIO						866-497		
200	SOUTH	I OLIVE AVENUE	Firm name			Т	elephone	number (includ	ding area code)	
		M BEACH, FL 33401								
			Address of the firm			=				
If the	actuary	has not fully reflected any r	egulation or ruling promu	lgated under the statute	in comple	eting this sched	ule, check	the box and s	ee П	
		, .onoolog any i	- Januari S. Taming Profite		Joinpic					

2 - 1	
	2 - 1

Pa	rt II	Begin	ning of Year	Carryov	er and Prefundii	ng Ba	alances							
								(a) (	Carryover balance		(b) l	<sup>2</sup> refundi	ing balan	ce
7		•	0 ,		cable adjustments (lin					0				0
8			•	-	funding requirement (I					0				0
9	Amount	remainiı	ng (line 7 minus lir	ne 8)						0				0
10	Interest	on line 9	using prior year's	actual ret	turn of <u>0.00</u> %					0				0
11	Prior yea	ar's exce	ess contributions to	be adde	d to prefunding balanc	e:								
	<b>a</b> Prese	nt value	of excess contribu	utions (line	38a from prior year).									0
					8a over line 38b from ve interest rate of		ear <u>)</u> %							0
	<b>b(2)</b> Inf	terest or	line 38b from prid	or year Scl	hedule SB, using prior	year's	s actual							
					ear to add to prefunding									0
	<b>d</b> Portio	n of (c)	to be added to pre	funding ba	alance									0
12	Other re	ductions	s in balances due	to election	s or deemed elections	S				0				0
13	Balance	at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – l	ine 12	)			0				0
Pa	art III	Fun	ding Percenta	iges										
14	Funding											14	100	0.00 %
15	Adjusted	d funding	target attainmen	percentag	ge							15	171	.25 %
16	-		• •		of determining wheth		•	-	•			16	(	0.00 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percen	t of the	e funding targe	et, enter s	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) ar	nd emp	oloyees:							
(M	(a) Date M-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid t employees	ру	<b>(a)</b> Da (MM-DD-Y		<b>(b)</b> Amount pa employer(	-	(0	-	ınt paid b oyees	У
04	/28/2015			73160		0								
								40(1)			40( )	<del></del>		
40							Totals ►	18(b)		73160	18(c)			0
19			-		tructions for small plan									
				•	nimum required contrib		•			19a 19b				0
					djusted to valuation da					19b				0
20					uired contribution for cu	urrent y	ear adjusted to	o valuation	i date	190				71570
20		-	outions and liquidit	-	s. the prior year?					L		Γ	Yes	No
			_		y installments for the o							_	] Yes [	No
			•	•	omplete the following t		•	i a uiiieiy	aci !			·····L	1 169	7 140
	• II IIII E	20a 15	ico, occ iiisiiucii	ons and C	Liquidity shortfall a			of this plai	n year					
		(1) 19	st		(2) 2nd		,		3rd			(4) 4th	n	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> Appl	licable month (	enter code)			21b				3
22	Weight	ted average ret	tirement age			22				62
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				ruarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired		
		-							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		X	Yes	No
27		•	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		*	years		28				0
29	Discou (line 19	nted employer	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				41791
	_		·	line 31a		31b				0
32		zation installme	<u> </u>		Outstanding Bala	ance	I	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	<b>b</b> Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter grar		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				41791
-			<u> </u>	Carryover balance	Prefunding bala	nce	To	otal bala	ance	
35	Balanc	es elected for i	use to offset funding	•	, , ,					
00				0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				41791
37	Contrib (line 19	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				71570
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				29779
	<b>b</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	S		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							
	<b>a</b> Sche	edule elected				П	2 plus 7 yea	ars	15	years
	<b>b</b> Eliait	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				

# Francesco P. Carriera P.A.

### **Cash Balance Plan**

Schedule of Active Participant Data Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	2	0	0	0	0	0	0	0	0	2
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	0	0	0	0	0	0	0	2

<sup>\*</sup>Employees who have not met the minimum eligibility requirements are excluded

Average Age: 32.5 Average Service: 1

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

		For Fu Min	<u>inding</u> <u>Max</u>	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1	4.99%	1.15%	Seg 1 1.40%	Pre-Retirement 5.00%
	Seg 2	6.32%	4.06%	Seg 2 4.66%	Post-Retirement 5.00%
	Seg 3	6.99%	5.15%	Seg 3 5.62%	
Pre-Retirement					
Turnover	None			None	None
Mortality	None			None	None
<b>Assumed Ret Age</b>	Assumed Ret Age Normal 62		ent age	Normal retirement age 62	Normal retirement age 62
Post-Retirement					
Mortality	Mortal	applicabl ity Table 2013-49	e from	2014 Applicable Mortality Table from Notice 2013-49	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
<b>Assumed Benefit Form I</b>	For Fun	ding		Lump Sum	
Calculated Effective Into	erest Ra	te		6.99%	
Cash Balance Projected	Interest	Crediti	ng Rate	5.00%	
Cash Balance Projected Interest Actuarial Cost Method				value of accrued benefits	

### **Maximum Deduction Limit**

Loading factor for plans eligible to use the special rule under IRC 404(o)(2)(B):

Percent Load 4.00% \$ per Participant Load \$700

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 Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information			and address	40/04/004 A	
For calenda	r plan year 2014 or f		1/2014		The state of the s	12/31/2014	S1 1 1 1 1 1 1 1 1
A This retu	urn/report is for:	a single-employer plan  a one-participant plan	1.1	cipating employe	r information in accor	711	s box must attach a list i instructions)
<b>B</b> This retu	rn/rapart is	the first return/report		return/report			
D This retu	in/report is	an amended return/report	$\vdash$	•	report (less than 12 n	nonths)	
					oport (loop trial) 12 ii	DFVC pr	naram
C Check b	ox if filing under:	X Form 5558	☐ automa	atic extension		□ p₁ vc p₁	ogram
		special extension (enter des	cription)				
Part II	Basic Plan Info	ormation—enter all requested in	nformation				
1a Name o	of plan					1b Three-digit	
Francesco P	. Carriera P.A. Cash	Balance Plan				plan numbe (PN)	002
						1c Effective da 01/01/2014	te of plan
	onsor's name and a	ddress; include room or suite num	ber (employer	r, if for a single-e	mployer plan)	1	entification Number
Francesco F	, Callicia F.A.						elephone number
51 Bahama (	Circle						27) 415-0804
Tampa, FL 3						238100	de (see instructions)
		and address X Same as Plan Spo	nsor.			3b Administrate	or's EIN
4 If the n	name and/or EIN of the	ne plan sponsor has changed sinc umber from the last return/report.	e the last retu	rn/report filed for	this plan, enter the	4b EIN	
a Sponso		amber non the recently opera				4c PN	
<b>5a</b> Total r	number of participant	s at the beginning of the plan year	.,,,			5a	2
<b>b</b> Total r	number of participant	s at the end of the plan year	,			5b	2
C Number	er of participants with	account balances as of the end o	of the plan yea	ar (defined benef	it plans do not	5c	
		articipants at the beginning of the				5d(1)	2
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan y	ear			5d(2)	2
		terminated employment during the				5e	0
Under pena SB or Sche	penalty for the late	e or incomplete filing of this retu other penalties set forth in the instrand and signed by an enrolled actuary	urn/report wil	l be assessed u	nless reasonable ca	eport, including, if a	pplicable, a Schedule
SIGN	1			10/12/15.	Francesco Carriera		
HERE	Signature of plan	administrator	Da	11-11	Enter name of indiv	idual signing as plar	administrator
01011	Gignature or plan	uammottator					
SIGN	0. 4			ate	Enter name of indiv	idual signing as emi	oloyer or plan sponsor
	name (including firm	loyer/plan sponsor name, if applicable) and address					none number (optional)
т терыст з	manic (modding mm	, and a control of the control of th	(		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Form 5500-SF 2014 Page **2** 

b	Were all of the plan's assets during the plan year invested in eligibl 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	n independ	dent qualified public accounta	nt (IQ	PA)			×	Yes Yes		No No
	If you answered "No" to either line 6a or line 6b, the plan cannot										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section 40	21)? .	X	Yes	No [	Not	detern	nine	d
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar		
a	Total plan assets	7a		0				-	73160	)	
b	Total plan liabilities	7b		0					0		
C	Net plan assets (subtract line 7b from line 7a)	7c		0	-			7	73160		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Total			
	Contributions received or receivable from: (1) Employers	8a(1)	73160	)							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	3160		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		)							
e	Certain deemed and/or corrective distributions (see instructions)	8e		)							
f	Administrative service providers (salaries, fees, commissions)	8f		)							
g	Other expenses	8g		)	_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
	Net income (loss) (subtract line 8h from line 8c)	8i						-	73160	1	
	Transfers to (from) the plan (see instructions)	8j		0							
Par											
9a	If the plan provides pension benefits, enter the applicable pension that B 1C	eature cod	es from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Charac	cterist	ic Cod	es in t	he instruct	ions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in					Aiiio	unt		
	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					
С	Was the plan covered by a fidelity bond?					Х					
d				10c							
	or dishonesty?			10d		Χ					
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.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		Χ					
h	, , , , , , , , , , , , , , , , , , ,			40h							
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the			10h							
	exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							×	Yes		No
11a	Enter the unpaid minimum required contribution for current year from	om Schedu	le SB (Form 5500) line 39			11a					0
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	or se	ction 3	802 of	ERISA?		Yes	Х	No
	(If "Vee " complete line 10e or lines 10h 10e 10d, and 10e helev	!:!	olo )								
	(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 bein										

	Form 5500-SF 2014	Page <b>3</b> - 1				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fori	m 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 negative amount)		a 	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?				res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?		ler the o	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the p	olan(s) t	to		
1	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)	I				1
14a	Name of trust			<b>14b</b> ⊤	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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	i cholon benefit dudantly corporation	File as a	an attachment to Form	5500 or 5500-SF.			
For	calendar plan year 2014 or fiscal pl	an year beginning 0	1/01/2014	and endir	ig 12/3	31/2014	
•	Round off amounts to nearest do	llar.					
•	Caution: A penalty of \$1,000 will be	assessed for late filing o	of this report unless reas	onable cause is establishe	d.		
	Name of plan ncesco P. Carriera P.A. Cash Balar	9	B Three-digit 00				
				814 8	5 2 5		
CF	Plan sponsor's name as shown on li	ne 2a of Form 5500 or 550	00-SF	D Employer I	dentifica	tion Number (E	IN)
Fra	ncesco P. Carriera P.A.			42-1689647			·
Εī	ype of plan: Single Multiple	-A ∏ Multiple-B	F Prior year pl	an size: 🛛 100 or fewer	101-5	00 More tha	an 500
	art I Basic Information		1 1 1 1 1 1 1	<u> </u>		or more an	
1	Enter the valuation date:	Month 12	Day 31 Year	2014			
2	Assets:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	a Market value		••••••		. 2a		0
	<b>b</b> Actuarial value				2b		0
3	Funding target/participant count b			(1) Number of participants	20 20	ted Funding arget	(3) Total Funding Target
	a For retired participants and bene	eficiaries receiving payme	ent	0		0	0
	<b>b</b> For terminated vested participal	nts	***************************************	0		0	0
	C For active participants			2		0	0
	d Total			2		0	0
4	If the plan is in at-risk status, chec	k the box and complete lin	nes (a) and (b)	П		15 - 25	7 14 7 7 7 7 7 7 7
	a Funding target disregarding pre-	and the second second to the second the second to the seco			. 4a		
	b Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disregar	rding transition rule for	plans that have been in	4b		
5	Effective interest rate				. 5		6.99 %
6	Target normal cost				. 6		41791
	ement by Enrolled Actuary						
	To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assump	panying schedules, statements otion is reasonable (taking into a	and attachments, if any, is completed account the experience of the plan a	e and accu and reasons	rate. Each prescribe able expectations) ar	d assumption was applied in nd such other assumptions, in
	ERE Mobile	Parting h			101	13/2015	-
	S	ignature of actuary		35-200 N	3-10-14-W	Date	
Robert I. Bostian, Jr. 14-01255							5
	Туре	or print name of actuary	0.00000		Most n	ecent enrollmer (866) 497	
	20	Firm name 9 South Olive Avenue	1	Te	ephone	number (includ	ing area code)
	West	Palm Beach, FL 33401					
		Address of the firm					
f the	actuary has not fully reflected any retions	egulation or ruling promul	gated under the statute	in completing this schedul	e, check	the box and se	е

Page	2	-	1	
Page	4	-	11	

Schedule	CD	/Earm	<b>EEOO</b> \	201/
ochedule	OD	(FOIIII	ออบบา	ZU 14

Pa	ırt II Begii	nning of Year	Carryov	er and Prefunding B	alances							
					(a)	Carryover balance		(b) Prefunding balance				
7	•	0 , ,	year after applicable adjustments (line 13 from prior				0				0	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										0	
9	Amount remaini	ng (line 7 minus li	ne 8)					0			0	
10	Interest on line	9 using prior year's	s actual ret	urn of0.00 %				0			0	
11				I to prefunding balance:								
	a Present value	of excess contrib	utions (line	38a from prior year)							0	
				Ba over line 38b from prior ye interest rate of <u>0.00</u> %							0	
	` '		•	edule SB, using prior year							0	
	C Total available	at beginning of cu	rrent plan ye	ear to add to prefunding balar	nce						0	
	<b>d</b> Portion of (c)	to be added to pre	efunding ba	lance							0	
12	Other reduction	s in balances due	to elections	or deemed elections				0			0	
13	Balance at begi	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	.)			0			0	
Pa	art III Fun	ding Percent	ages									
14	Funding target a	attainment percent	tage							14	100.00 %	
15	5 Adjusted funding target attainment percentage								15	171.25 %		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	0.00 %		
17	If the current va	lue of the assets of	of the plan is	s less than 70 percent of th	e funding ta	rget, enter	such percentage			17	%	
Pa	art IV Cor	ntributions an	d Liquid	ity Shortfalls								
18				ear by employer(s) and em	•							
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees		a) Date (b) Amount paid by employer(s)				(c) Amount paid by employees		
	1-28-2015	ompley of	73160	0	(141141 251	3 ,	ompley or (e	·)	†	Omp	0,000	
			70.00						+			
									1			
									1			
									1			
									1			
	Totals ► 18(b)						73160	18(c)		0		
19	19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:											
	a Contributions allocated toward unpaid minimum required contributions from prior years											
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date							19b			0		
								71570				
20	Quarterly contril	butions and liquidi	ty shortfalls	:								
	a Did the plan have a "funding shortfall" for the prior year?											
	<b>b</b> If line 20a is '	Yes," were require	ed quarterly	installments for the curren	t year made	e in a timely	manner?				Yes No	
	C If line 20a is "	Yes," see instructi	ions and co	mplete the following table a	as applicabl	e:						
			1	Liquidity shortfall as of e	nd of quart		<u> </u>					
	(1) 1	st		(2) 2nd		(3)	3rd			(4) 4t	<u>1</u>	
			I		1			1				

Pa	art V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount rate:									
	<b>a</b> Se	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99 %		N/A, full yield curve used		
	<b>b</b> Applicable month (enter code)									
22	Weighted average retirement age							62		
23	Mortal	lity table(s) (se	e instructions)	escribed - combined	Pre	scribed - separate	Substitu	te		
Pa	rt VI	Miscellane	ous Items							
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No		
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see	nstruc	tions regarding required	attachmen	tX Yes No		
27			to alternative funding rules, er	• •			27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribu	ution	s For Prior Years				
28	Unpai	d minimum requ	uired contributions for all prior	years			28	0		
29			contributions allocated towar				29	0		
30	Rema	ining amount of	f unpaid minimum required co	ntributions (line 28 minus line	e 29)		30	0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	et normal cost a	and excess assets (see instruc	tions):						
	<b>a</b> Targ	jet normal cost	(line 6)				31a	41791		
	<b>b</b> Exc	ess assets, if a	pplicable, but not greater than	line 31a			31b	0		
32	Amort	ization installme	ents:			Outstanding Bala	ınce	Installment		
	<b>a</b> Net	shortfall amorti	zation installment				0	0		
	<b>b</b> Wai	iver amortization	n installment				0	0		
33			approved for this plan year, e Day Year				33			
34	Total 1	funding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	41791		
				Carryover balance		Prefunding bala	nce	Total balance		
35			use to offset funding		0		0	0		
36	Additio	onal cash requi	rement (line 34 minus line 35)				36	41791		
37							<b>37</b> 71			
38 Present value of excess contributions for current year (see instructions)										
	<b>a</b> Tota	al (excess, if any	y, of line 37 over line 36)				38a	29779		
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b									
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	over	ine 37)	39	0		
40	Unpai	d minimum requ	uired contributions for all year	S			40	0		
Pa	rt IX	Pension I	Funding Relief Under	Pension Relief Act of	2010	(See Instructions)	)			
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	<b>a</b> Schedule elected									
	<b>b</b> Elig	ible plan year(s	s) for which the election in line	41a was made				<del>'</del>		
42			on adjustment				42			
			cceleration amount to be carrie				43			

# Francesco P. Carriera P.A. Cash Balance Plan Employer ID# 42-1689647: Plan No. 002

Quarterly Installment Payment: \$0.00

# **Schedule SB, line 19 - Discounted Employer Contributions**

Valuation Date: December 31, 2014

Rate

**Period** 04-28-2015 to 12-31-2014

	Totals: 7	3,160.00		71,569.71
19	Discounted employer contri	outions see instructions for small plan with a valuation date after the beginning	of the ye	ar
a	Contributions allocated to	ward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avo	id benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated to	ward minimum required contribution for current year, adjusted to valuation date	19c	71.569.71

**Year** 

2014

**Amount** 

73,160.00

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

Plan Effective Date January 1, 2014

**Plan Year** From January 1 to December 31

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

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Collective Bargained and Non-Resident Alien Employees Excluded

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

on attainment of age 62.

Normal Retirement Benefit Based on their group classification, participants receive a cash

balance contribution credit as follows:

Group 1: \$60,463 Group 2: \$12,697

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

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

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

**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	0
3	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

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

**Top-Heavy Minimum Benefit** Top-heavy minimum benefits are provided under another plan of the

employer.

**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

**Disability** Equal to present value of the accrued benefit

**Cash Balance** The Interest Crediting Rate for this plan year is 5.00%

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:

Attainment of age 62

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

Weighted average retirement age 62