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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in acco	ordance wit	h the instructions to the Form 550	D-SF.	Inspection					
P	art I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20)11	and ending 1	2/31/20)11					
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan					
	This return/report is:	=	eturn/report	L						
	an amended return/report	=	an year return/report (less than 12 mo	onths)						
_	불 '	=	extension	лино, Г	DFVC program					
C		_	, exterision	<u>L</u>	_ Di ve piogram					
_	special extension (enter description)									
	art II Basic Plan Information—enter all requested infor	mation		41						
	Name of plan SCO DEL INC. RETIREMENT TRUST				Three-digit olan number					
KON	SOO DEL INO. RETIREMENT TROOT				(PN) ▶ 001					
				1c	Effective date of plan					
					01/01/2002					
	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b E	Employer Identification Number					
RON	ISCO DEL INC.				EIN) 13-3524471					
				2c S	Sponsor's telephone number					
	MSTERDAM AVENUE			24 -	845-354-4029					
MON	SEY, NY 10952			2 u E	Business code (see instructions) 238300					
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	<u>,")</u>	3h /	Administrator's EIN					
	SCO DEL INC. 26 AMSTE	RDAM AVEN		2	13-3524471					
	MONSEY,	NY 10952		3c /	Administrator's telephone number					
4	16 d			41.	845-354-4029					
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/	report filed for this plan, enter the	4b 1	EIN					
а	Sponsor's name			4c	PN					
5a Total number of participants at the beginning of the plan year										
b	Total number of participants at the end of the plan year			5b						
С	Number of participants with account balances as of the end of the	e plan year (defined benefit plans do not							
	complete this item)			5c						
6a	Were all of the plan's assets during the plan year invested in elig		,		X Yes No					
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)				X Yes □ No					
	If you answered "No" to either 6a or 6b, the plan cannot use	•	•							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	2034154		2220171					
b	Total plan liabilities		0		0					
С	Net plan assets (subtract line 7b from line 7a)	7с	2034154		2220171					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)	215329							
	(2) Participants	8a(2)	0	_						
	(3) Others (including rollovers)	8a(3)	0							
b	Other income (loss)	8b	-29312							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			186017					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04	0							
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions).		0							
f	Administrative service providers (salaries, fees, commissions)	-	0							
			0							
g h	Other expenses				0					
;					186017					
:	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		0		100017					
	Transiers to (noin) the plan (See Instructions)	··· 8i	U							

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Form	5500	SF.	2011

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	เษาเรเเเร

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions									
10	During the plan year:		Yes	No	Α	mount				
а	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)									
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	C Was the plan covered by a fidelity bond?									
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х						
е										
f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h								
i										
Part	VI Pension Funding Compliance									
11										
12										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г							
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 negative amount)			12d	<u> </u>					
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	1	3a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		the co	ontrol		Yes X No				
С										
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)									
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SB o	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	WILLIAM CLEMANS, E.A.				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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

2011

This Form is Open to Public Inspection

							File as	an attach	nmer	nt to Form	5500 or	5500	-SF.							
Fo	r caleı	ndar p	lan year 20)11 c	or fiscal plan y	yea	ır beginning 0	1/01/2011	1				and end	ling	12/31/2	2011				
Þ	Rour	nd off	amounts	o ne	earest dollar.															
•	Caut	ion: A	penalty of	\$1,0	000 will be as	ses	ssed for late filing o	of this rep	ort u	nless reas	onable ca	ause i	s establish	ned.						
	Name											В	Three-di	igit				004	i	
RC	NSC	O DEL	. INC. RET	REN	MENT TRUST	Γ							plan nur	nbei	(PN)	•	•	001		
				s sh	own on line 2	2a (of Form 5500 or 55	00-SF				D	Employer	· Ide	ntification	Nur	mber (I	EIN)		
RC	NSC) DEL	. INC.									13	-3524471							
				_																
E	Type c	of plan	: X Single)	Multiple-A		Multiple-B		F P	rior year pla	an size:	100	or fewer		101-500		More tl	nan 500		
Р	art I	В	asic Info	rm	ation															
1			valuation			Mc	onth [Day01		Year _	2011									
2		ets:	74.44.10.1					- w)												
_	a		et value												2a				203	34154
	b													···- -	2b				203	34154
3					nt count break									:			(2) [
3		U	0 1	•					ſ	20	(1) 1	umbe	er of partic	ipai	0		(2)	Funding T	argei	0
	a		•	•			aries receiving pay		ŀ	3a					0					0
	b					ts.				3b					U					U
	С	For	active parti						Г	0 (4)										0
(1) Non-vested benefits														0						
		(2)	Vested be	nefit	s					3c(2)										60350
		(3)	Total activ	e						3c(3)					2					60350
	d									3d					2				196	60350
4	If th	ne plar	n is in at-ris	k sta	atus, check th	e b	oox and complete li	ines (a) aı	nd (t	o)		∐								
	а	Fund	ding target	disre	garding pres	crit	oed at-risk assumpt	tions							4a					
	b	Fund	ding target	refle	cting at-risk a	SSI	umptions, but disre	garding tr	ransi	ition rule fo	r plans th	nat ha	ve been ir	1	4b					
		at-ri	sk status fo	r fev	ver than five o	cor	secutive years and	d disregar	ding	loading fa	ctor									
5	Effe	ective	interest rat	e											5				6.2	<u>0</u> %
6	Tar	get no	rmal cost.												6				21	10261
Sta	teme	nt by	Enrolled A	ctua	ary															
	To the	best of a	my knowledge	the in	nformation supplie	d in	this schedule and accompinion, each other assum	npanying sch	nedule	es, statements e (taking into a	and attachn	nents, it	any, is comp	lete a	ind accurate	. Each	n prescrib	ed assumption	on was appl er assumption	lied in
							ence under the plan.	,		- (g		. ,					,			,
(SIGN	1																		
	IERI															1	0/05/2	012		
					Signa	atu	re of actuary					_				Г	Date			
WIL	LIAM	J. CL	EMANS, E	Α.	Oigin	214	io or doldary										11-071	49		
			-		Typo or n	rint	name of actuary					_			Most rocc			ent numbe	\r	
LOI	NG ISI	AND	EMPL OYE	F BI	ENEFITS GR		•							,	wost rece			3-9220	71	
	.0 101	_, 10										_		-1-					Ic\	
325	WIRE	ELESS	BLVD			rırı	m name						ı	eıep	onone nur	npei	r (inclu	ding area	coae)	
			NY 11788																	
					Ado	res	ss of the firm					_								
lf th	2 2 Ctu	anı ha	e not fully	oflo.	cted any rocus	ıləŧ	ion or ruling promu	lasted un	der	the statute	in compl	atina	this school	ule	check the	a har	v and a	200		
	uction	•	is not runy	CHE	oleu aliy legu	ııal	ion or ruinig proffic	ngateu un	iu c i	uic statute	iii compi	curiy	una auneu	ui c ,	OHEON III	טט כ	n ailu S		Ц	

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Schedule SB (Form 5500) 2011

Pa	art II	Begin	ning of year	carryove	er and prefunding bala	ances							
							(a) (Carryover balance		(b) i	Prefundi	ng balance	
7		-	•		cable adjustments (line 13 fro			4	8665			50476	
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										0		
9	9 Amount remaining (line 7 minus line 8)											50476	
10	Interest	t on line 9	9 using prior year's	s actual ret	urn of11.99%				5835			6052	
11 Prior year's excess contributions to be added to prefunding balance:													
	a Present value of excess contributions (line 38 from prior year)											214972	
	b Interest on (a) using prior year's effective rate of6.25 % except as otherwise provided (see instructions)											13436	
	C Tota	al availabl	e at beginning of cu	urrent plan y	ear to add to prefunding balar	nce						228408	
	d Por	tion of (c)) to be added to pr	efunding b	alance							0	
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0	
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12).			5	4500			56528	
P	art III	Fun	ding percenta	ages									
		•									14	98.10 %	
											15	103.76 %	
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce												
17											17	108.83 %	
	3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,												
	Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees:												
10	(a) Dat		(b) Amount page		(c) Amount paid by	oyees: (a) Da	ate	(b) Amount pa	id by	(c) Amou	int paid by	
(N	1M-DD-Y		employer(employees	(MM-DD-				,	employees		
04	/26/2011			15329									
07	7/08/2011	1		200000									
							1				1		
						Totals ►	18(b)		215329	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with a	valuation da	ate after th	ne beginning of the					
	a Cont	ributions	allocated toward u	unpaid min	imum required contributions	from prior ye	ears	<u>-</u>	19a			0	
	b Cont	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0	
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current ye	ar adjusted t	to valuatior	n date	19c			208826	
20		,	outions and liquidit	•							-		
		•	G		he prior year?							Yes X No	
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current year	made in a t	imely man	ner?				Yes No	
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as app								
		(1) 4			Liquidity shortfall as of en	d of quarter		•	<u> </u>		(1) 11		
		(1) 1s	οι -		(2) 2nd		(3)	3rd			(4) 4tl	1	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	ormal cost				
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 3.61%		2nd segment: 6.20%		3rd segment: 6.53 %		N/A, full yield curve used		
	b A	pplicable month	(enter code)					21b	3		
22								22	62		
23		ality table(s) (see	_	_	escribed - combined		scribed - separate	Substitu			
Pa		Miscellane	_		<u> </u>		·				
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required										
			•				•		· · · · · · · · · · · · · · · · · · ·		
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No		
27					nding rules, enter applicable			27			
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years				
28	Unpa	id minimum requ	uired contributions for al	l prior	years			28	0		
29					d unpaid minimum required o		· · · · · ·	29	0		
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								0			
Pa	Part VIII Minimum required contribution for current year										
31	31 Target normal cost and excess assets (see instructions):										
a Target normal cost (line 6)									210261		
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0		
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment		
	a Ne	et shortfall amort	tization installment					0	0		
	b Wa	aiver amortizatio	on installment					0	0		
33					ter the date of the ruling lette			33			
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	210261		
					Carryover balance		Prefunding balar	nce	Total balance		
35			use to offset funding			1435		0	1435		
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	208826		
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	208826		
38			ess contributions for curr								
								38a	0		
			•		prefunding and funding star			38b	0		
39					ear (excess, if any, of line 36			39	0		
40	Unpa	id minimum requ	uired contributions for al	l years)		,	40	0		
Pa	rt IX	Pension f	funding relief und	er Pe	ension Relief Act of 20	010 (see instructions)				
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ursuant to an alternative amo	ortizatio	on schedule:				
	a Sch	nedule elected							2 plus 7 years 15 years		
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011		
42	Amou	int of acceleratio	on adjustment					42	<u> </u>		
	Amount of acceleration adjustment										

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

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 (FRISA) and section 5050 of the

OMB No. 1210-0110

2011

Employee Benefits Security Administration	Intern	anty Act of 1974 (Er	the Cade	section 6059 of	the	This Form is Open to Public	
Pension Benefit Guaranty Corporation Internal Revenue Code (the Code). Inspection File as an attachment to Form 5500 or 5500-SF.							
For calendar plan year 2011 or fiscal pla	an year beginning	01/01/2011		and end	ina l	12/31/2011	
Round off amounts to nearest dol						12/31/2011	
Caution: A penalty of \$1,000 will be	assessed for late filing of thi	is report unless reas	sonable ca	use is establish	ed.		
A Name of plan				B Three-did			
				plan num	•	001	
Ronsco Del Inc. Retireme	ent Trust						
C Plan sponsor's name as shown on line				D Employer	Idontifia	ation Number (EIN)	
Ronsco Del Inc.		•				alion Number (EIN)	
E Type of plan: X Single Multiple-	A Multiple-B	E	<u> </u>	13-3524			
	∠ [] wininbie-p ∞ · ·	F Prior year pl	an size: [X	100 or fewer	101-	500 More than 500	
Part I Basic Information							
1 Enter the valuation date: 2 Assets:	Month 1 Day	1Year_	2011				
				•••••••••••	2a	2,034,1	
				•••••	. 2b	2,034,1	
O transper alternation and an arrangement			(1) Nu	mber of particip	ants	(2) Funding Target	
a For retired participants and berb For terminated vested participants							
The second participe	ints	3b			C		
€ For active participants:							
						1,960,3	
					2	1,960,3	
d Total					2	1,960,3	
4 If the plan is in at-risk status, check t	· · · · · · · · · · · · · · · · · · ·		L	_			
a Funding target disregarding pre-	scribed at-risk assumptions.	•••••			4a		
b Funding target reflecting at-risk	assumptions, but disregarding	ng transition rule for	plans that	have been in	4b	and page to the man the first taken to make the second of any first the second of the	
at-risk status for fewer than five 5 Effective interest rate	consecutive years and disre	egarding loading fac	tor			der der Marie Bereite der Germanner sehrere Bereiter in der Auftre der Marie der der der der der der der der d	
5 Effective interest rate			***************************************		. 5	6.20	
Statement by Enrolled Actuary		•••••	·····		6	210,26	
To the best of my knowledge, the information suppli accordance with applicable law and regulations. In a combination, offer my best estimate of anticipated e	ied in this schedule and accompanying my opinion, each other assumption is experience under the plan.	g schedules, statements a reasonable (taking into ac	ind attachment count the expe	is, if any, is complete erience of the plan ar	and accur d reasona	ate. Each prescribed assùimption was applied i ble expectations) and such other assumptions,	
SIGN						10/05/2012	
Sign	nature of actuary		**********			Date	
William J. Clemans, E.A.						11-07149	
Type or p	orint name of actuary				Most re	cent enrollment number	
Long Island Employee Benef	fits Group					31) 273-9220	
325 Wireless Blvd	Firm name			Tele		number (including area code)	
Hauppauge	NY	11788					
	dress of the firm						
the actuary has not fully reflected any regu	lation or ruling promulgated	under the statute in	completing	g this schedule,	check t	he box and see	

age	2	-	

J. F. S.	* A				_		********				
Pa	rt II Begi	nning of year	carryov	er and prefunding ba	lances	· /a\	Corpover belones		/b\ [ina holonoo
7	•			icable adjustments (line 13 f	rom prior	(a)	Carryover balance 48	,665	(a) i	-reiunc	ling balance 50,47
8				funding requirement (line 35				0			
9	Amount remaining (line 7 minus line 8)						,665			50,47	
10	Interest on line	9 using prior year	's actual re	turn of <u>11.99</u> %			5	,835			6,05
11				d to prefunding balance:							
	a Present valu	ue of excess contr	ibutions (lir	ne 38 from prior year)							214,97
				e rate of6.25% excep							13,43
	c Total availab	le at beginning of c	current plan	year to add to prefunding bala	nce						228,40
				balance							
12	Other reduction	s in balances due	to election	s or deemed elections				0			
13	Balance at begi	nning of current y	ear (line 9	+ line 10 + line 11d – line 12)	,		54	,500			56,52
P	art III Fur	nding percent	ages								,
3.1515155						•••••				14	98.10 %
********				ge						15	103.76 %
16				of determining whether carr						16	108.83 %
17				is less than 70 percent of the						17	%
P;	art IV Cor	ntributions an	d liauidi	tv shortfalls	-		***************************************	***************************************			
97775757				ear by employer(s) and emp	loyees:						
	(a) Date M-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount pai employer(s		(c		nt paid by oyees
0.4	/26/2011		15,329								
07	//08/2011	. 2	00,000								
				·							
stem (tol a faller Stem (tol a faller			e de la militar de la companya de l	en ja personal ja konstruktur konstruktur konstruktur konstruktur konstruktur. En ja konstruktur konstruktur k Para konstruktur konstruktur konstruktur konstruktur konstruktur konstruktur konstruktur.		in the company of all the pro-			ya Susahama Santan	n eighearthan a	
					Totals •	18(b)	21	5,32	9 18(c)		(
19	Discounted emp	oloyer contribution	s – see ins	tructions for small plan with a	a valuation	date after ti	ne beginning of the	year:			
	a Contributions	allocated toward	unpaid min	imum required contributions	from prior	years		19a			
	b Contributions	made to avoid re	strictions a	djusted to valuation date				19b			
	c Contributions	allocated toward m	inimum req	uired contribution for current y	ear adjuste	d to valuation	n date	19c			208,82
20	Quarterly contril	butions and liquidi	ty shortfalls	3:							
				the prior year?			······································				Yes X No
				tallments for the current yea						<u> </u>	Yes No
				ete the following table as ap							
			· · · · · · · · · · · · · · · · · · ·	Liquidity shortfall as of er		er of this pla	n year				
	(1) 1	st		(2) 2nd		(3)			.((4) 4th	1

Pa	rt V Assumption	s used to determine	funding target and tar	get normal cost	**************************************	
21	Discount rate: a Segment rates:	1st segment:	2nd segment:	3rd segmen	t:	N/A full steld pure used
		3.61 %	6.20 %	6.53	%	N/A, full yield curve used
	b Applicable month (e	enter code)			21b	
					22	6
23	Mortality table(s) (see	instructions) X Pre	escribed - combined	Prescribed - separate	Substit	ute
-	rt VI Miscellaneo					
24			uarial assumptions for the cu			
25	Has a method change	been made for the current pla	an year? If "Yes," see instruc	tions regarding required atta	chment	Yes X No
26	Is the plan required to p	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding required	d attachmen	t
27			nding rules, enter applicable o		27	
Pa	rt VII Reconciliat	tion of unpaid minimu	m required contributi	ons for prior years	-	Ann Williams Asia .
28	Unpaid minimum requir	red contributions for all prior	/ears		. 28	
29			unpaid minimum required co		29	1
30	Remaining amount of u	inpaid minimum required con	tributions (line 28 minus line	29)	. 30	
Pa	rt VIII Minimum re	equired contribution f	or current year			
31	Target normal cost and	l excess assets (see instruct	ons):			
	a Target normal cost (I	ine 6)			. 31a	210,26
	b Excess assets, if app	plicable, but not greater than	31a		. 31b	(
32	Amortization installmen	ts:	•	Outstanding Bala	ance	Installment
	a Net shortfall amortiza	ation installment			d	(
	b Waiver amortization	installment			<u> </u>	(
33			er the date of the ruling letter) and the waived amou		33	
34	Total funding requireme	ent before reflecting carryove	r/prefunding balances (lines :	31a - 31b + 32a + 32b - 33)	34	210,263
			Carryover balance	Prefunding bala	nce	Total balance
35		e to offset funding	1,	435	C	1,435
36	Additional cash requirer	ment (line 34 minus line 35)		***************************************	36	208,826
37	Contributions allocated	toward minimum required co	ntribution for current year adj	usted to valuation date	37	208,826
38	Present value of excess	s contributions for current yea	ar (see instructions)			
					38a	(
	b Portion included in lin	ne 38a attributable to use of	prefunding and funding stand	ard carryover balances	38b	(
39	Unpaid minimum require	ed contribution for current ye	ar (excess, if any, of line 36 o	over line 37)	39	(
40	Unpaid minimum require	ed contributions for all years.			40	(
Par	t IX Pension fu	nding relief under Pe	nsion Relief Act of 20	10 (see instructions)		
41	If a shortfall amortization	n base is being amortized pu	rsuant to an alternative amor	ization schedule:		
				~~		2 plus 7 years 15 years
			1a was made			
42					42	
			over to future plan years		43	

SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED RETIREMENT AGE

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/11

ťΩ

12/31/11

WRA - The Normal Retirement Age under the Plan.

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/11 (a) to (a) 12/31/14.

FUNDING ASSUMPTIONS:

Probability of lump sum:

100%

Pre-Retirement Mortality:

N/A

Post-Retirement Mortality:

2011 Optional Combined

Mortality Table for Small Plans

Interest:

First Segment Rate:

3.61%

Second Segment Rate:

6.20%

Third Segment Rate:

6.53%

Withdrawal:

N/A

Disability:

N/A

Salary Scale:

None

Early Retirement Factor:

N/A

SCHEDULE SB, PART V - STATEMENT OF PLAN PROVISIONS

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/11

ťο

12/31/11

ELIGIBILITY REQUIREMENTS:

Minimum Age

21 years 0 months

Minimum Waiting Period:

12 months

RETIREMENT:

Retirement Age:

62

Retirement Participation:

5

Retirement Service:

0

Retirment Date:

First of month following

RETIRMENT BENEFIT:

Normal Form:

Life Annuity

Type of Formula:

Unit benefit non-integrated

Unit based type:

Service

Percentage of pay:

6.00%

Compensation method:

Highest 3 year average

Maximum years:

25

ACCRUED BENEFIT:

Is the plan frozen:

NO

Method

Fractional

Years based on:

Service

Maximum years:

None

Significant changes in plan provisions since last valuation: None

VESTING:	<u>YEARS</u>	VESTING %
-	0	0%
	1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

RONSCO DEL INC. RETIREMENT TRUST PLAN NAME:

13-3524471 EMPLOYER ID:

PLAN NUMBER: 001

\$ 01/01/11 PLAN YEAR:

12/31/11

E	rotal	0	0	0		0	1	0	0	0	0	2
•	40 & UP	0	, A.	0	0 	0	1,5	0	0	0	0	0
, ,	TO 39	0	0	0	0	0	0	0	0	0	0	0
7	TO 34 35) O				0	0	0	0	0	0	0
	30) O	0		0	0	. 0	0	0	0	0	0
Serv	72 60)) (0		0))	C	0	0	0.	0
Credi	ZU TO Z4)))			J
Year	T 01		0		0	0	0		0		0	0
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Z	400			e Culle Marie							EHEN)	o property of the contract of
	5 to 9	0	0	0	0				0.	0	0	0
	22	0 0	94. N	0	0	0	0	0	0	0	0	0
,	Under 1	0	0	0	0	0	0	0	0	0	0	0
	3	. 29	34	39) 44	49	54	. 59	64	· 69 c	ďn ž	Totals
Attained Age on	01/01/2011	under 25 to	30 to	35 to	40 to	45 to	50 to	55 to	60 to	65 to	70 &	Tot

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
Fo		01/01/2	2011 and ending		12/31/2011	
Α	This return/report is for:	a multipl	e-employer plan (not multiemployer)		a one-participan	t plan
В	This return/report is: the first return/report	the final	return/report		_	
	an amended return/report	a short pl	an year return/report (less than 12 mo	nths))	
С	Check box if filing under:	automati	c extension		DFVC program	
	special extension (enter description					
Р	art II Basic Plan Information—enter all requested inform					
1a	Name of plan			1b	Three-digit	
	Ronsco Del Inc. Retirement Trust				plan number	
			}	4	(PN)	001
				1C	Effective date of pla	an
2a	Plan sponsor's name and address; include room or suite number (e	f for a single-employer plan)	2h	Employer Identificat	tion Number	
	Ronsco Del Inc.		, and a single simple, and a piece,		(EIN) 13-35244	71
			Ī	2c	Sponsor's telephon	e number
	26 Amsterdam Avenue				(845) 354-40	
			1	2d	Business code (see	instructions)
32	Monsey Plan administrator's name and address (if same as plan sponsor, er	-4 "0	NY 10952	26	238300	
Ja	Same	nter Same	e)	30	Administrator's EIN	
			Ī	3с	Administrator's telep	ohone number
	Male de la companya d					
4	If the name and/or EIN of the plan sponsor has changed since the lambda. FIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year		5a		2	
b	Total number of participants at the end of the plan year			5b		2
С	Number of participants with account balances as of the end of the p					
	complete this item)			5c		
	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				······	Yes No
U	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)	A) 		Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					
	rt III Financial Information			_		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year		
a	Total plan assets		2,034,154	1		2,220,171
b	Total plan liabilities		0.024.154	1		0
_	Net plan assets (subtract line 7b from line 7a)	7c	2,034,154	+		2,220,171
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	├-	(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)	215,329			
	(2) Participants	8a(2)	C	1		
	(3) Others (including rollovers)	8a(3)	C			
b	Other income (loss)	8b	(29,312)			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				186,017
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	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
į	Net income (loss) (subtract line 8h from line 8c)	8i				186,017
i	Transfers to (from) the plan (see instructions)		l	М		

Form	5500	·SF	201	11

Pag	ie	2	_

Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10	Du.	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		Х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Wa	as the plan covered by a fidelity bond?	• • • • • • • • • • • • • • • • • • • •		10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidel lishonesty?			10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under th	e plan? (See	10e		Х			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			
h		is is an individual account plan, was there a blackout period? (See			10h					
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or or	ne of the	10i					
Part	VI	Pension Funding Compliance				-				
11	Is th 550	is a defined benefit plan subject to minimum funding requirements ^o	? (If "Yes," see ins	tructions and comp	olete (Sched	ule SE	3 (Form	X Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
а	If a	waiver of the minimum funding standard for a prior year is being an	nortized in this plan	n year, see instruct	tions,	and e	nter th	e date of th	e letter rulin	g
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB			''		Day		rear	
		er the minimum required contribution for this plan year				Г	12b		-	
С	Ente	er the amount contributed by the employer to the plan for this plan y	year				12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the a	result (enter a min	us sign to the left o	f a	_	12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding 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?			Yes X No					
		es," enter the amount of any plan assets that reverted to the emplo								
		e all the plan assets distributed to participants or beneficiaries, tran							Yes X	No
	lf du	rring this plan year, any assets or liabilities were transferred from the	nis plan to another							•
13	3c(1)	Name of plan(s):				1 3c	(2) EI	N(s)	13c(3) P	N(s)
		A penalty for the late or incomplete filing of this return/report w								
SB or	Sch	alties of periury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e the electronic vers	examined this retur sion of this return/re	n/rep eport,	ort, inc and to	cluding the b	g, if applicat best of my ki	ole, a Sched nowledge ar	ule nd
SIGN		1 s Tills	10.12.12	Lee R. Zare	etzky					
HERE		Signature of plan/administrator C	Date	Enter name of inc	lividu	al sign	ing as	plan a dmin	istrator	
SIGN								-		
HERE	.	Signature of employer/plan sponsor	Date	Enter name of inc	lividu	al sign	ing as	employer c	r plan spons	sor