### 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Corporation   Corporation	omplete all entries in accor	dance with	n the instructions to the Form 5500	O-SF.		•	
Pa	art I Annual Report Identifi	cation Information						
For	calendar plan year 2011 or fiscal plan	ear beginning 07/01/201	1	and ending 0	6/30/2	012		
Α	This return/report is for:	gle-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	rst return/report	the final re	eturn/report				
	an a	mended return/report	a short pla	in year return/report (less than 12 mo	onths)			
С	Check box if filing under:	1 5558	automatic	extension		DFVC progra	m	
	spec	ial extension (enter description	on)					
Pa	art II Basic Plan Information	n—enter all requested inform	ation					
1a	Name of plan				1b	Three-digit		
TRIU	IMPH PLANT CO DEFINED BENEFIT	PLAN				plan number		
						(PN) ▶	002	_
					1c	Effective date of		
22	Plan sponsor's name and address; inc	lude room or suite number (e	mployer if	for a single-employer plan)	2h	07/01/ Employer Identif		
	JMPH PLANT CO.	idde 100m of Saite Hamber (6	inployer, ii	Tot a strigte-employer plant		(EIN) 13-34		
						Sponsor's telep	none number	_
10 P	ATRICIA DRIVE					845-634		
	/ CITY, NY 10956				2d	Business code (	see instructions)	
						42493	0	_
	Plan administrator's name and addres	s (if same as plan sponsor, e 10 PATRICIA		.")	3b	Administrator's E 13-34	EIN 96884	
		NEW CITY, I			3c		elephone numbe	 r
						845-634		
4	If the name and/or EIN of the plan spo		last return/i	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from Sponsor's name	the last return/report.			4c	PN		
	Total number of participants at the beautiful and the second of the seco	ginning of the plan year			5a			3
b	Total number of participants at the end				5b			- 3
C	Number of participants with account b				30			_
	complete this item)			•	5c			
6a	Were all of the plan's assets during th	ne plan year invested in eligib	ole assets?	(See instructions.)			X Yes N	lo
b	3						V vaa □ N	
	under 29 CFR 2520.104-46? (See ins	• •		•			X Yes   N	O
Da	If you answered "No" to either 6a o	r 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	JU.			
	art III   Financial Information							_
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End		
а	Total plan assets			609848	-		608040	
b	Total plan liabilities			0			0	
<u>C</u>	Net plan assets (subtract line 7b from		. 7с	609848			608040	
8	Income, Expenses, and Transfers for			(a) Amount		(b) T	otal	_
а	Contributions received or receivable for (1) Employers		8a(1)	7166				
	(2) Participants		, ,	0				
	(3) Others (including rollovers)			0				
b	Other income (loss)			-8974				
	Total income (add lines 8a(1), 8a(2), 8			557.			-1808	_
c d	Benefits paid (including direct rollover		. <u>8c</u>				1000	
u	to provide benefits)	•	. 8d	0				
е	Certain deemed and/or corrective dist	ributions (see instructions)	. 8e	0				
f	Administrative service providers (sala	ries, fees, commissions)	8f	0				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, a	and 8g)	. 8h				0	
i	Net income (loss) (subtract line 8h fro	m line 8c)	. 8i				-1808	
_ j	Transfers to (from) the plan (see instru	uctions)	. 8j	0				

Form	5500.	SF.	201

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Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

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

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

)	During the plan year:		Yes	No			Amou	nt	
d	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)	10a		X		<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Χ					1	00000
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		X					
е	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.)	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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	10i							
art									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						X,	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ĭ,	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	(II 165, CUITIPIELE 12a UI 12b, 12c, 12d, and 12e below, as applicable.)						_		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.			nter tl		e of th			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	th		nter tl		e of th			
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	th		nter tl		e of th			
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th	 [	nter ti Day		e of th			
lf y b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th  of a	 [	nter tl Day		e of th			
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	th  of a	[ [	nter ti Day 12b 12c 12d		e of th			
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mon You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	th  of a	[ [	nter ti Day 12b 12c 12d		e of th	Year _		
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mon You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	th	[	12b 12c 12d		e of th	Year <sub>-</sub>		
b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a		12b 12c 12d		es [	Year <sub>-</sub>		
b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mon You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	3a	12b 12c 12d		es [	Year _		N/A
b c d e rt	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	12b 12c 12d		es [	Year _		N/A
lf ) b c d e nrt 3a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	12b 12c 12d	Yes [	es [	Year _	Yes	N/A
b c d e art 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	12b 12c 12d 	Yes [	es [	Year _	Yes	N/A
b c d e art 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	3a the co	12b 12c 12d	YYes I	es No	Year _	Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	04/11/2013	JIM JOHANSEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/11/2013	JIM JOHANSEN
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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

						▶ File as	an attachme	nt to Form	5500 or	<u> </u>	r							
Fo	r caler	ndar p	lan year	r 2011 c	or fiscal plan y	ear beginning	07/01/2011				and end	ling	06/30/2	2012				
Þ	Roun	d off	amoun	ts to ne	earest dollar.													
•	Cauti	ion: A	penalty	of \$1,0	000 will be as	sessed for late filing	of this report ι	unless reaso	onable ca	ause is e	establish	ned.						
	Name									В	Three-di	igit				0.0	•	
TR	IUMPI	H PLA	NT CO.	DEFIN	NED BENEFI	T PLAN					plan nun	•	(PN)	•		00	2	
													<u> </u>					
С	Plan s	ponso	or's nam	ne as sh	own on line 2	a of Form 5500 or 55	500-SF			D E	mployer	· Iden	tification	Numb	ber (E	IN)		
TR	IUMPI	H PLA	NT CO.							13-3	496884							
E	Туре о	of plan	: X Sir	ngle	Multiple-A	Multiple-B	F	Prior year pla	an size:	100 c	or fewer	$\prod 1$	101-500	Me	ore th	an 500		
		Ė		<u> </u>	·			. ,										
	art I		asic Ir						2010									
1	Ente	er the	valuatio	on date:		Month 06	Day	Year _	2012	_								
2	Ass	ets:										_						
	а	Mark	et value	Ð									2a					600874
	b	Actu	arial val	ue									2b					600874
3	Fun	ding t	arget/pa	articipan	nt count break	down:			<b>(1)</b> N	lumber	of partic	ipant	s		<b>(2)</b> F	unding 7	arget	
	а	For	retired p	articipa	nts and bene	ficiaries receiving pa	vment	3a			· ·	•	0		` ,			0
	b					ts	•	3b					0					0
	C		active p															
	U		•	•				20(1)										0
		(1)						3c(1)										
		(2)	Vested	l benefit	S			_ ` /					2					634621
		(3)	Total a	ctive				3c(3)					3					634621
	d	Tota	l					. 3d					3					634621
4	If th	e plar	n is in at	risk sta	atus, check th	e box and complete	lines (a) and (	b)		[]								
	а	Fund	ling targ	et disre	garding preso	cribed at-risk assump	otions						4a					
	b	Fund	ding targ	, aet reflec	cting at-risk a	ssumptions, but disre	egarding trans	sition rule fo	r plans th	at have	e been ir	,	41-					
						consecutive years an							4b					
5	Effe	ective	interest	rate									5				3	8.88 %
6	Tar	get no	rmal co	st									6					0
Sta	temer	nt by	Enrolled	d Actua	ary													
	To the I	best of i	ny knowle	dge, the in	nformation supplie	d in this schedule and acco												
						y opinion, each other assun perience under the plan.	nption is reasonab	le (taking into a	ccount the e	experience	of the plai	n and r	easonable	expecta	tions) a	nd such ot	ner assum	iptions, in
	2ICA																	
	SIGN													02/	06/20	12		
F	IERI													03/1	00/20	13		
					Signa	ature of actuary								Da				
MA	RK N.	SADO	OFF											11	-0305	55		
					Type or p	rint name of actuary						M	lost rece	nt enr	ollme	nt numb	er	
PO	RFES	SION	AL PENS	SION P	LANNERS, IN	NC.								914	4-693	-1333		
						Firm name					Т	elent	hone nur	nber (i	includ	ling area	code)	
			L RIVEF	ROAD								J.501						
ARI	JSLE\	r, NY	10502															
										_								
					Add	lress of the firm		<u> </u>										
If the	actu	arv ha	s not fu	lly reflec	cted any regu	lation or ruling promi	ulgated under	the statute	in comple	etina thi	is sched	ule o	heck the	hox a	and e	26	Г	
	uction		o not iu	y i ciic	ctod driy regu	and or running profits	aigatoa unuen	o statute	oompie	oung un	io ooi icu	aio, c	, rook tile		ai iu 31	-	L	

Page 2	2 -	1
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Pa	rt II	Begin	nning of year carr	yover	and prefunding ba	lances								
							(a) (	Carryover balance	)	(b) [	Prefundir	ng balance		
7		•	0 , ,		able adjustments (line 13 f	•			0			0		
8					nding requirement (line 35									
									0			0		
9	Amount	remainiı	ng (line 7 minus line 8)						0	0				
10	Interest	on line 9	using prior year's actu	ual retur	rn of10.57%				0			0		
11	Prior ye	ar's exce	ess contributions to be	added t	to prefunding balance:									
	<b>a</b> Pres	sent valu	e of excess contributio	ns (line	38 from prior year)							0		
					ate of3.86_% excep							0		
	<b>C</b> Tota	ıl availabl	e at beginning of current	t plan ye	ear to add to prefunding bala	ance						0		
d Portion of (c) to be added to prefunding balance									0					
12 Other reductions in balances due to elections or deemed elections												0		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											0			
P	art III	Fun	ding percentages	5										
14	Funding	g target a	ittainment percentage								14	94.68 %		
					)						15	94.68 %		
	Prior ye	ar's fund	ling percentage for pur	poses o	of determining whether car	ryover/prefu	ınding balar	nces may be used	to reduce		16	99.69 %		
17	If the cu	ırrent val	ue of the assets of the	plan is	less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%		
Pa	art IV	Con	tributions and lic	uidity	v shortfalls					•				
					ar by employer(s) and emp	olovees:								
	(a) Dat	е	(b) Amount paid b		(c) Amount paid by	(a) [		<b>(b)</b> Amount p		(0		nt paid by		
,	M-DD-Y /15/2013	,	employer(s)	7166	employees 0	(MM-DE	7-1111)	employer	(S)		emplo	yees		
01	10/2010			7 100	0									
						Totals ▶	18(b)		7166	18(c)		0		
19	Discour	nted emn	lover contributions – se	aa inetri	uctions for small plan with	a valuation		ne heginning of th	e vear.	- (-)				
			-		num required contributions				19a			0		
	_		•		·	•			19b			0		
b Contributions made to avoid restrictions adjusted to valuation date										6830				
20			outions and liquidity sho		rea contribution for current y	real adjusted	10 valuation	r date	130					
		•	. ,		e prior year?						X	Yes No		
			_		allments for the current yea						<u></u>	Yes No		
				-	te the following table as ap		. ,							
	2 250		mon donorio dila	- 5piot	Liquidity shortfall as of e		er of this pla	n year						
		(1) 19	st		(2) 2nd	,	(3)	3rd			(4) 4th			
			0			0			0			0		

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	<b>a</b> S	egment rates:	1st segment: 1.84%		2nd segment: 4.79%		3rd segment: 5.90 %		N/A, full yield curve used
	<b>b</b> Ai	policable month	(enter code)					21b	0
22								22	69
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitut	
		1	_		_				•
		Miscellane							
			•		uarial assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
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	
	rt VII				m required contribut				
					years			28	0
29					l unpaid minimum required c			29	0
30	Rema	aining amount of	f unpaid minimum requir		30	0			
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	<b>a</b> Tai	rget normal cost	(line 6)					31a	0
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					33747	5326
	<b>b</b> W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	5326
		3 - 1 - 1			Carryover balance		Prefunding bala	-	Total balance
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	5326
37					ontribution for current year a			37	6830
38	`		ess contributions for curr						
								38a	1504
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40		·					· · · · · · · · · · · · · · · · · · ·	40	
	rt IX				nsion Relief Act of 20			1	
					irsuant to an alternative amo		•		
			<del>_</del>						2 plus 7 years 15 years
					11a was made				
42		, , , ,	,					42	
					d t- 6-t			+	
43	Exces	ss installment ac	ceieration amount to be	carrie	d over to future plan years			43	

### 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 section 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

P	art I Annual Report Identification	on Information						
	the calendar plan year 2011 or fiscal plan year	beginning	07/01	/2011	and ending	06/3	30/2012	
Δ.	This return/report is for:	ployer plan	a multiple-e	mployer plan	(not multiemployer)	П	a one-participa	ant plan
	_	rn/ranart	the final ret	urn/report		11		
D		·		-	mort /loos than 12 mon	the)		
	an amended	d return/report			eport (less than 12 mon			
C	Check box if filing under: x Form 5558		automatic e	extension			DFVC progran	1
	special exte	nsion (enter description	)					
P	art II Basic Plan Information	enter all requested infor	mation.					
	Name of plan						ree-digit	
	Triumph Plant Co Defined Bene	ofit Dlan					n number Ⅵ) ▶	002
	Triumph Plant Co belined ben	SIIC LAGI			-		ective date of	plan
							/01/2009	
2a	Plan sponsor's name and address; include roo	om or suite number (em	ployer, if for	single-employ	er plan)	<b>2b</b> En	nployer Identifi	cation Number
	Triumph Plant Co.					(El	N) 13-349	6884
						<b>2c</b> Pla	an sponsor's te	lephone number
	10 Patricia Drive					(8	45) 634-5	060
	TO Additional Plants						•	ee instructions)
	New City NY 10						4930	
3a	Plan administrator's name and address (If sar	ne as plan sponsor, ent	er "Same")			<b>319</b> Ad	ministrator's E	IN .
	Same							
						3c Ad	ministrator's te	elephone number
4	If the name and/or EIN of the plan sponsor ha	s changed since the las	st return/repo	ort filed for this	plan, enter the	4b Ell	V	
_	name, EIN, and the plan number from the las	t return/report.	•			4c PN		
	Sponsor's Name		****			5a		3
	Total number of participants at the beginning					5b		3
b	Total number of participants at the end of the Number of participants with account balances	plan year	an vear (defi	ned henefit nis	ins do not	- 00	=	
С	complete this item)					5c		
6a	Were all of the plan's assets during the plan y	ear invested in eligible	assets? (Se	e instructions.)				X Yes No
b	Are you claiming a waiver of the annual exam	ination and report of an	independer	t qualified pub	lic accountant (IQPA)			Env. Du
	under 29 CFR 2520.104-46? (See instruction	s on waiver eligibility an	d conditions	.)				X Yes No
oteric.	If you answered "No" to either 6a or 6b, the	e plan cannot use Fori	n 5500-SF a	ina must inst	ead use Form 5500.			
	art III Financial Information			(a) P.	eginning of Year	T	(b) End	of Vear
7	Plan Assets and Liabilities			(α) Β	<u> </u>		(b) Liid	608,040
a	Total plan assets		1	***************************************	609,848	-		008,040
b	Total plan liabilities		7b			+		608,040
<u>c</u>	Net plan assets (subtract line 7b from line 7a)		. 7с		609,848 (a) Amount		(b) T	
8 a	Income, Expenses, and Transfers for this Pla Contributions received or receivable from:	ii i eai			(w) Anivant		(14)	
a	(1) Employers		. 8a(1)		7,166			
	(2) Participants		. 8a(2)		0			Property of the second
	(3) Others (including rollovers)		. 8a(3)		0	100,000		
b	Other income (loss)		. 8b		(8,974)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), a	nd 8b)	. 8c					(1,808)
d					0			
	to provide benefits)		. 8d		0	$\dashv$		
e	Certain deemed and/or corrective distribution		- 8e		0	+	8 (5 (5 (5 G)	
f	Administrative service providers (salaries, fee	es, commissions)	. 8f			4		
g	Other expenses		. 8g		0			0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		. 8h			(A)		
i	Net income (loss) (subtract line 8h from line 8	ic)	. 8i		-			(1,808)
i	Transfers to (from) the plan (see instructions)	<u></u>	. 8j		0			

		Form 5500-SF 2011	Pa	age <b>2-</b>						
Par	f IV	Plan Characteristics								
		plan provides pension benefits, enter the applicable pension featu	re codes from the Lis	t of Plan Characte	ristic (	Codes	in the	instructions:		
		LA 1C 1G 1I plan provides welfare benefits, enter the applicable welfare featur								
		O Live Overflows								
		Compliance Questions				Yes	No	An	nount	
10 a		ing the plan year: s there a failure to transmit to the plan any participant contribution	s within the time perio	od described in			x	Ostar III		
b	29 We	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian re there any nonexempt transactions with any party-in-interest? (D	y Correction Program) Do not include transac	tions reported	10a		x			
		ine 10a.)			10b	x	-			100,000
C		s the plan covered by a fidelity bond?			10c	^				100,000
d	or	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10đ		х			
е	ins	re any fees or commisions paid to any brokers, agents, or other purance services or other organization that provides some or all of tructions.)	the benefits under the	plan? (See	10e		х			
f		the plan failed to provide any benefit when due under the plan?			10f		х		•	
		the plan have any participant loans? (If "Yes," enter amount as of					х			
g h		is is an individual account plan, was there a blackout period? (Se			109		† <sub></sub>			
••	25	0.101-3.)			10h		х			
j	ex	Th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					
	t VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see instr	uctions and compl	ete So	chedu	le SB (	Form	<b>X</b> Yes	□No
12	ls	nis a defined contribution plan subject to the minimum funding req Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	uirements of section							X No
a	gra	waiver of the minimum funding standard for a prior year is being a nting the waiver		Moi	ons, a nth	nd en	ter the Day	date of the let	ter ruling ear	<u>.</u>
b		er the minimum required contribution for this plan year				. [	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d	Su	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	e result (enter a minus			. [	12d			
е	W	the minimum funding amount reported on line 12d be met by the	funding deadline? .				• •	Yes [	No	□N/A
Par	t VI	Plan Terminations and Transfers of Assets								<del></del>
13a		s a resolution to terminate the plan been adopted in any plan year				٠,	<u></u>		x Yes	No
		es," enter the amount of any plan assets that reverted to the emp			• •		13a			0
b	of	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?					trol		Yes	X No
	wl	ch assets or liabilities were transferred. (See instructions.)	this plan to another p	an(s), lucinity the	Picing		0 · (O) F		10-(0)	1281/->
	13c(	) Name of plan(s):				- 1	3c(2) E	:IN(S)	13c(3)	PN(S)
			· · · · · · · · · · · · · · · · · · ·							
		penalty for the late or incomplete filing of this return/report								
SBo	r Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as	declare that I have exa s the electronic version	amined this return/ n of this return/rep	report ort, ar	i, inclu nd to t	iding, if he bes	applicable, a t of my knowle	Schedule edge and	:
pelie	r, it is	true, correct, and complete.	3/11/13	Tim Talas	<u> </u>		********			·
5 7. S. S. S.	GN	Jan Man	1-2//	Jim Johanse Enter name of in	•	al aia	ning oo	nlan adminia	trator	
HE	ERE	Signature of plan administrator	Date 2/11/12			aı sıyı	माति वश	pian auminis	ii atui	
30000000000000000000000000000000000000	GN	- Hum	1 000	Jim Johanse					nlar	001
H	RE	Signature of employer/plan sponsor	Date	Enter name of in	aividu	aı sigi	ning as	employer or	pian spon	SUF

### **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).

This Form is Open to Public

OMB No. 1210-0110

2011

Pension Benefit Guaranty Corporation	h [71]					į	mapecaon	
For calendar plan year 2011 or fiscal	► File as an attachme plan year beginning 07/01/		5500 or	and ending	<u> </u>	/30/2012		
▶ Round off amounts to nearest d		2022		una criain	9 00	75072012		
	be assessed for late filing of this report (	ınless reas	onable ca	use is establishe	ri			
A Name of plan				B Three-digi				
Triumph Plant Co Define	d Benefit Plan			plan numb		) •	002	
_				_				
C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF			D Employer Ide	entifica	tion Number (	(EIN)	
Triumph Plant Co.				. 13	3-349	6884		
E Type of plan: Single Multip	le-A Multiple-B	Prior year p	lan size:	100 or fewer	]101-5	500	e than 500	
Part I Basic Information			·					
1 Enter the valuation date:	Month 06 Day 30	Year_	2012	•				
2 Assets:								
a Market value					2a		600,874	
<b>b</b> Actuarial value		• • • • • • • • • •			2b		600,874	
3 Funding target/participant count	breakdown		(1) No	umber of participa	ants	(2)	Funding Target	
a For retired participants and	beneficiaries receiving payment	3a			0		(	
b For terminated vested parti-	cipants	3b			0		C	
<b>c</b> For active participants:								
(1) Non-vested benefits		3c(1)					C	
(2) Vested benefits	• • • • • • • • • • • • • • • • • • • •	3c(2)					634,621	
(3) Total active	•••••	3c(3)			3		634,621	
d Total	• • • • • • • • • • • • • • • • • • • •	3d			3		634,621	
4 If the plan is in at-risk status, che	eck the box and complete lines (a) and (	b)	• • • • • • • • •					
<ul> <li>a Funding target disregarding</li> </ul>	prescribed at-risk assumptions				4a			
	risk assumptions, but disregarding trans five consecutive years and disregarding			at have been	4b			
5 Effective interest rate				*************	5	3.88		
6 Target normal cost					6		C	
accordance with applicable law and regulation combination, offer my best estimate of anticipa	supplied in this schedule and accompanying schedules. In my opion, each other assumption is reasonable at of experience upday the plan.	es, statements (taking into ac	and attachm	ents, if any, is complete perience of the plan and	e and acc d reasons	urate. Each presri	bed assumption was applied in and such other assumptions, in	
SIGN Mark	aloff				,	3/6/13		
Mark N. Sadoff	Signature of actuary					Date 11-03055		
Туре	or print name of actuary			<u> </u>	Most re	ecent enrollm	ent number	
Porfessional Pe	ension Planners, Inc.				(9:	14) 693-1	333	
	Firm name			Tele	phone	number (incl	uding area code)	
1053 Saw Mill R	River Road					-	·	
US Ardsley	NY 10502							
	Address of the firm							
If the actuary has not fully reflected any instructions	y regulation or ruling promulgated under	the statute	in comple	eting this schedul	e, chec	k the box and	I see	

Page	2	

Schedule	SR	/Form	5500\	2011
ochequie	3D I	ILOUIII	וטטככ	40 I I

Pa	rt II Begin	ning of year	carryov	er and prefunding bala	nces						
	<u> </u>	<u>.                                </u>				(a)	Carryover balance		(b) l	Prefun	ding balance
7				licable adjustments (line 13 fr				0	·		
8	8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)						. 0				
9	Amount remaini	ng (line 7 minus l	ine 8)	**********************				0			
10	Interest on line 9	using prior year	's actual re	eturn of10.57%				0			
11	Prior year's exce	ess contributions	to be adde	ed to prefunding balance:							
	a Present value	e of excess contr	ibutions (lii	ne 38 from prior year)		1 6 6 6					
				e rate of3,86 % excep	t as						
	C Total availabl	e at beginning of	current pl	an year to add to prefunding b	alance						
	d Portion of (c)	to be added to p	refunding l	palance							
12	Other reductions	in balances due	to election	ns or deemed elections				0			
13	Balance at begin	ning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0			
Pa	rt III Fund	ding percent	ages			<u> </u>				-	
Application of the	TOTA A SERVICE STRUCTURE S									14	94.68
				age						15	94.68
	Prior year's fund	ing percentage for	or purpose	s of determining whether carry	over/pre	funding bala	nces may be used	to redu	ce	16	99.69
17				is less than 70 percent of the						17	9
Pa	rt IV Con	tributions an	d liquid	itv shortfalls					<u> </u>		•
300000000000	C-1			year by employer(s) and empl	ovees.		1				
	(a) Date	(b) Amount p		(c) Amount paid by	T	a) Date	(b) Amount	oaid by	1	(c) Am	ount paid by
	M-DD-YYYY)	employer(		employees	(MM-I	DD-YYYY)	employe	r(s)		em	oloyees
01/	/15/2013		7,166								
Verse visibility is the										,	
					Totals	► 18(b)		7,1	66 18(c)		0
19	Discounted emp	loyer contribution	ıs see in	structions for small plan with a	valuatio	n date after	the beginning of the	e year:			
	<b>a</b> Contributions	allocated toward	unpaid mi	nimum required contribution fr	om prior	years		19a			
	<b>b</b> Contributions	made to avoid re	strictions a	adjusted to valuation date	•••••			19b			
	<b>c</b> Contributions	allocated toward	minimum	required contribution for curre	nt year a	djusted to va	aluation date	19c			6,83
20	Quarterly contrib	utions and liquid	ity shortfall	l(s):					545 S	3450	
	a Did the plan h	ave a "funding sl	nortfall" for	the prior year?	•••••		• • • • • • • • • • • • • • • • • • • •			[	K Yes ☐ No
	b If 20a is "Yes,	" were required o	uarterly in	stallments for the current year	made in	a timely ma	inner?			[3	K Yes ☐ No
		•	•	olete the following table as app		·			igh a la is		
				Liquidity shortfall as of end		er of this pla	an year		ne odd recentry (trible) (1965).	unica de Sala	
	(1) 1:	st		(2) 2nd		(3)	3rd		(	4) 4	th

Pa	art V   Assumpti	ons used to determine	funding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 1.84 %	2nd segment: 4.79 %	3rd segment: 5.90 %		☐ N/A, full yield curve used
	<b>b</b> Applicable month	h (enter code)			21b	0
22		u va	, ,		22	69
23				scribed - separate	Substitu	ite
Pa:		eous items			<u>-</u>	
			tuarial assumptions for the curren	nlan year? If "Vec " sec	a inetruction	ne regarding required
24	-		· · · · · · · · · · · · · · · · · · ·			
25			lan year? If "Yes," see instructions			
			Participants? If "Yes," see instruc			
27			ınding rules, enter applicable code			
					27	
Pai	rt VII Reconcil	iation of unpaid minim	ım required contributions	for prior years		
28	Unpaid minimum re	quired contribution for all prior	years		28	C
29	* *		d unpaid minimum required contrit		29	
-20			entributions (line 20 minus line 20)		30	0
			entributions (line 28 minus line 29)		30	
		required contribution	······································			
_31		adjusted, if applicable (see ins			04-	
			04		31a	0
		11.0 000000	31a		31b	0
	Amortization installn			Outstanding Bala		Installment
					33,747	5,326
					0	0
33	If a waiver has been (Month	• •	nter the date of the ruling letter gra) and the waived amount .	- ::	33	0
34	Total funding require	ment before reflecting carryove	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	5,326
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected to	use to offset funding				
			0		0	0
36	Additional cash requ	ulrement (line 34 minus line 35)			36	5,326
37		•	contribution for current year adjuste		37	6,830
- 20		cess contributions for current y				0,030
			· · · · · · · · · · · · · · · · · · ·		38a	1,504
			prefunding and funding standard of		38b	1,304
39			rear (excess, if any, of line 36 over		39	
	···	quired contribution for all years	•		40	
40 Pai	<del></del> '		ension Relief Act of 2010 (			
			ursuant to an alternative amortizati			
						2 plus 7 years 15 years
			41a was made			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			42	70 [
		· · · · · · · · · · · · · · · · · · ·	d over to future plan years		43	
70	ENGGES HISTORISICHE A	Sectoration annount to be called	a a contraction proming towards + 1 1			

# 210116 Schedule SB, line 22 - March 6, 2013

# Description of Weighted Average Retirement Age

Triumph Plant Co. Defined Benefit Pension Plan 13-3496884 / 002 For the plan year 7/1/2011 through 6/30/2012

hole age. For an active	average of the assumed e late retiree, the assumed to be 100% of his/her	ed retirement age ma	y be later than the P	as of the valuation d lan's normal retireme	date rounded to the near ent age. Each participant



# Schedule SB, line 32 -Schedule of Amortization Bases

### Triumph Plant Co. Defined Benefit Pension Plan 13-3496884 / 002

For the plan year 7/1/2011 through 6/30/2012

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	06/30/2011	1,458	Shortfall	1,302	6	232
	06/30/2012	32,445	Shortfall	32,445	7	5,094
Totals:				\$33,747		\$5,326



# Schedule SB, line 19 -

# **Discounted Employer Contributions**

### Triumph Plant Co. Defined Benefit Pension Plan 13-3496884 / 002

For the plan year 7/1/2011 through 6/30/2012 Valuation Date: 6/30/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	1/15/2013	\$7,166					
Applied to Quarterly Contribution	10/15/2011	1,198	1,106	0	1,198	3.88	8.88
Applied to Quarterly Contribution	1/15/2012	1,198	1,120	0	1,198	3.88	8.88
Applied to Quarterly Contribution	4/15/2012	1,198	1,133	0	1,198	3.88	8.88
Applied to Additional Contribution	6/30/2012	1,536	1,504	0	0	3.88	0
Applied to MRC	6/30/2012	838	821	0	0	3.88	0
Applied to Quarterly Contribution	7/15/2012	1,198	1,146	0	1,198	3.88	8.88
Totals for Deposited Contribution		\$7,166	\$6,830	\$0	\$4,792		



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

### Triumph Plant Co. Defined Benefit Pension Plan 13-3496884 / 002

For the plan year 7/1/2011 through 6/30/2012

6/30/2012 Valuation Date:

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

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target

for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality

or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.84
Segment 2	6 - 20	4.79
Segment 3	> 20	5.90

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Interest Credit Rate -5.00 Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

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

HCE Determination - Based on all employees

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

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

8.5% Pre-Retirement - Interest -8 5% Post-Retirement - Interest -

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits



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

Triumph Plant Co. Defined Benefit Pension Plan 13-3496884/002 For the plan year 7/1/2011 through 6/30/2012

#### **Years of Credited Service**

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



#### 210116 Schodule SR Part V March 6, 2013

# Schedule SB, Part V Summary of Plan Provisions

#### Triumph Plant Co. Defined Benefit Pension Plan 13-3496884 / 002

For the plan year 7/1/2011 through 6/30/2012

**Employer:** Triumph Plant Co.

Type of Entity - C-Corporation

EIN: 13-3496884 TIN: 27-2913999 Plan #: 002

**Dates:** Effective - 7/1/2009 Year end - 6/30/2012 Valuation - 6/30/2012

Top Heavy Years - 2010, 2011

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

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

Plan Benefits: Retirement - Frozen benefit formula

 Classification
 Pay Credit Formula

 A
 80% of compensation

 B
 80% of compensation

 C
 50% of compensation

Accrued Benefit - Frozen accrued benefit

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

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

Death Benefit - Face Amount

**Top Heavy Minimum:** Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years Joint with 50% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G83 - 1983 Group Annuity blended 50.00% male and 50.00% female rates

