## 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

2012

This Form is Open to Public Inspection

	01101011 20	non Garany Gorporation	▶ Complet	te all entries in a	ccordance with t	he instructions	to the Form 550	0-SF.				
P	art I	Annual Report I	dentificatio	n Information	1							
For	calenda	ar plan year 2012 or fis	cal plan year be	eginning 01/01	1/2012		and ending 1	2/31/2	2012			
Α	This reti	urn/report is for:	x a single-em	ıployer plan	a multiple-e	mployer plan (no	t multiemployer)		a one-partici	pant plan		
		urn/report is:	the first retu	urn/report	the final retu	ırn/report			_			
			an amende	d return/report	a short plan	year return/repoi	rt (less than 12 m	onths)				
С	Check b	oox if filing under:	Form 5558		automatic e	xtension			DFVC progra	am		
			special exte	ension (enter desc	cription)							
Pá	art II	Basic Plan Infor	mation—ent	er all requested in	formation							
1a	Name o	of plan						1b	Three-digit			
T.R.E	E.C. REN	NTAL CORP. RETIREM	MENT TRUST						plan number			
									(PN) <b>•</b>	001		
								1C	Effective date of plan 01/01/1996			
		oonsor's name and add	ress; include ro	oom or suite numb	per (employer, if fo	or a single-emplo	yer plan)	2b	Employer Identi (EIN) 13-37	fication Number 52729		
435 \	WEST 1	8TH STREET						2c Sponsor's telephone number 212-727-1941				
		NY 10011						2d	Business code (	(see instructions)		
3a	Plan ac	dministrator's name and	d address XSa	ame as Plan Spon	sor Name Sar	ne as Plan Spon	sor Address	3b	Administrator's	EIN		
								3с	Administrator's	telephone number		
4		ame and/or EIN of the EIN, and the plan num			the last return/rep	oort filed for this p	plan, enter the	4b	EIN			
а		or's name						4c	PN			
5a	Total n	number of participants a	at the beginning	of the plan year.				5a		3		
b	Total n	number of participants a	at the end of the	e plan year				5b	<b>.</b>			
С		er of participants with a ete this item)				•		5c		2		
6a	Were	all of the plan's assets	during the plan	year invested in	eligible assets? (S	See instructions.)				X Yes No		
b		u claiming a waiver of										
		29 CFR 2520.104-46?								X Yes No		
	If you	answered "No" to eit	her line 6a or l	line 6b, the plan	cannot use Form	5500-SF and m	ust instead use	Form	5500.			
Cau	ution: A	penalty for the late o	r incomplete f	iling of this retur	n/report will be a	ssessed unless	s reasonable cau	ıse is	established.			
SB	or Sche	alties of perjury and oth dule MB completed an rue, correct, and comp	d signed by an		,			,	O, 11	,		
SIG		Filed with authorized/v	alid electronic	signature.	04/15/20	OLEI	H SHARANEVYC	Н				
HEI	RE	Signature of plan ad	ministrator		Date	Ente	er name of individ	ual sig	ıning as plan adr	ministrator		
SIG	SN N											
HERE Signature of employer/plan sponsor Date Enter name of indiv						er name of individ	ual sig	ning as employe	er or plan sponsor			
Pre	parer's i	name (including firm na								number (optional)		

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Pai	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year						
a	Total plan assets	7a		28043			26315					
	Total plan liabilities	7b	153	1534					C	)		
С	Net plan assets (subtract line 7b from line 7a)	7c	2650	26509					26315	5		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b	) Total				
	Contributions received or receivable from:		, ,				<u> </u>					
	(1) Employers	0										
	(2) Participants	0										
	Others (including rollovers)											
	Other income (loss)	8b		4	_							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16	8								
е	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g	3	0								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							198	3		
i	Net income (loss) (subtract line 8h from line 8c)	8i							-194	1		
j	Transfers to (from) the plan (see instructions)	8j		0								
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ructions	i:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	uctions:				
Part	•						1					
10	During the plan year:				Yes	No		Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X						
C	Was the plan covered by a fidelity bond?			10c	X					3000	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's			100						3000	00	
	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 of instructions.)		. ,	10e		X						
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ						
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					_	
h				10g								
	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											
Part				10i								
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No	
11a												
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				- J. 1011	JUL 01		··   <u> </u>		- 1	_	
а	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											
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		00				
	Enter the minimum required contribution for this plan year				Т	12b						
	,											

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С	Enter the amount contributed by the employer to the plan for this plan year	·		12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)		12d								
е	Will the minimum funding amount reported on line 12d be met by the funding				Yes	No	N/A				
Part	VII Plan Terminations and Transfers of Assets										
13a	3a Has a resolution to terminate the plan been adopted in any plan year?						)				
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a							
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes X No				
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_				
13c(1) Name of plan(s):						IN(s) <b>13c(3)</b> PN(s)					
Part	VIII Trust Information (optional)						•				
					14b Trust's EIN						

## Form 5500-SF

Department of the Tressury Internal Revenue Service

Deportment of Labor Employee Brindfla Security Agministration

## 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 (ncome Security Act of 1974 (ERISA), and sections 6057(b) and 6068(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0:110 1210-0:069

2012

This Form is Open to Public Inspection

Pensjen <b>⊕</b>	еңейі Құшқақіу Соросайок	Complete all entries in accorda	nce with the instru	ctions to the Form 550	10-SF.	ipection				
Part I	Annual Report Id	entification information								
For calend	ar plan year 2012 or tisc:	al plan year beginning 21	70172012	end ending	12/31/20	1.2				
A This ref	tum/report is for.	🖟 askngle-omployerptan 💢 a	mutiple-employer p	lan (not mult <del>le</del> mployer)	a one-partici	pant plan				
B This ref	tum/report is:	the first return/report 🗍 t	he final returniseport			•				
	f			m/report (less than 12 n	ponihei					
<b>.</b>		f ' H		rioraposi posa iraan saan	<u>-</u>					
C Check	C Check box if filing under: Form 5558									
	<u> </u>	special extension (enter description)				··				
Part II		nation enter all requested informati	<del>čл</del>		l 41 =					
1a Name	•	16 Three-digit plan number	1							
T.R.	E.C. RENTAL COR	(PNI )	501							
		1c Effective date of								
					01/01/199					
		ese: include room or suite number (em	ployer, if for a single	employer plan)	25 Employer identi	fication Number				
Ţ-R.	E.C. RENTAL COP	RP.			(E/N) 13-375	2729				
					2c Sponsor's telep					
435	west 18th stree	গ্ৰহ			(212) 727-					
					2d Business code (	see instructions)				
3a Elenia	YGRK	address XSame as Plan Sponsor Ner	ma USama na Man	. 10011	532400					
<b>VA</b> 1-4611-5	distillistatui s hauts astu	sociese Magnite as Lists abouted unit	ne Doanie as read	Sponsor Address	3b -Administrator's EIN					
					3C Administrator's telephone number					
					{	•				
					ì L					
					ĺ					
4 ti the r										
		ten sponsor has changed since the tast or from the lest return/report.	t return/ropert filed to	or this plan, enter the	4b EIN					
	or's name	or many and magniful opport.			4c PN					
5a Total:	number of participants at	the beginning of the plan year			- 5a					
		the end of the plen year			5b	<u>3</u>				
		count balances as of the end of the plan			30	<del> </del>				
compl	lete tris item)		··· ) Car (esimes bare	······	5¢	2				
<b>ರಿ</b> ಷ Were	ell of the plants assets di	uring the plan year invested in eligible :	assets? (See instruc	tions.)		X Yes No				
b Areyo	ou claiming a waiver of th	e annual examination and report of an	independent qualifie	id public accountent (IQI	PA)	= -				
If up u	29 CFK 2520.104-467 ()	See instructions on waver eligibility and er line 6a or line 6b, the plan cannot	d conditions.)	.,		X Yes ∏No				
						<del></del>				
Under neor	the of point and of a	incomplete filing of this return/repor	t will be assessed	uniess reasonable cau	ise is established.					
SB or Sche	ofule MB congoleten and	penalties set forth in the instructions, is signed by an enrolled actuary, as well:	i deciare that I have i as the electronic ven	examined this return/rec sing of this return/report	and, including, if applications to the	stito, a Schedute knowledne sod				
belief, it is t	true, correct and gonyone	* · · · · · · · · · · · · · · · · · · ·	11		, and to allo book of they	INCOME OF BILL				
SIGN		u	1 <i>111/12</i>	DLEH SHARANEVY	-64-					
HERE										
<del></del>	Signature of plan adm	instator	Date	Enter name of individu	ua: signing as plan adn	Inistrator				
Sign Here	SIGN									
L !	Signature of employe	val signing as emplove	rorplan sponsor							
; Preparer's   	name (Including firm nam	Preparer's telephone	number (opticnal)							
{				l						
!				l						
į						·				
ł				l						
For Paperan	ork Reduction Act Notice a	nd OMB Control Numbers, see the instru	ctions for Form 5500.	<u></u>	<u> </u>	orm 5500-SF (2012)				

Pa	rt III   Financial Information	•								
7_	Plan Assets and Liebilities	<u> </u>	(a) Beginning of Yes	ur _			(b) End of Year			
<u>a</u>	Total plan assets	2	8,00	13.		26,315				
<u>t</u>	Total plan flabilities	7Ь		1,53	34	4				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	6,5(	) <u>9</u> [	26,31						
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount		T		(b) Total				
а	Contributions received or receivable from: (1) Employers			c	<del></del>					
	(2) Participants	8a(2)			Ó					
	(3) Others (industring rollovers)			¢						
ь	Other income (loss)	8a(3) 8b			4	···				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Ţ		9			
d	Benefits paid (including direct rollovers and insurance premiums				7		<del> </del>			
	to provide benefits)	8d	<u> </u>	16	8	<del></del>	····			
	Certain deemed and/or corrective distributions (see instructions)	80	· · · · · · · · · · · · · · · · · · ·		<u>ા.</u>					
	Administrative service providers (salaries, fees, commissions),	8f			0		· · · · · · · · · · · · · · · · · · ·			
	Other expenses	8g			30					
<u> </u>	Total expenses (add tines 8d, 8e, 8f, end 8g)	হে ৷			┵	<del></del>	198			
<u>ţ</u>	Net income (loss) (subtract line 8h from line Bo)	Bi					(194)			
j_	Transfers to (from) the plan (see instructions)	84			C		-			
Par	t IV Plan Characteristics						<del></del>			
9a	If the plan provides pension benefits, enter the applicable pension $2\mathbb{E}/3\mathbb{D}$	രോകനുടെ	des from the List of Plan Chan	acteris	stic Co	des in	the instructions:			
b	if the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	ctenist	ic Cod	les in :	the instructions:			
· · · - · ·	<u> </u>									
Pan	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2516.3-102? (See instructions and DOL's Voluntary Fid.)	sciary Conf	ection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (De not i	nctude transactions reported	1 <b>0</b> b		X				
C	Was the plan covered by a fidelity bond?			10e	X.		300,000			
đ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	108		Х	300,000			
е	Were any fees or commissions paid to any brokers, agents, or of- insurance service or officer organization that provides some or all of instructions.)	er persons of the bone	s by an insurance camer, this under the plan? (See	10e		×				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х	·			
	Did the plan have any participant loans? (If "Yes," enter amount a				-		<del>}</del>			
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10g		X				
1	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	10h		_X	· · · · · · · · · · · · · · · · · · ·			
Part	exceptions to providing the notice applied under 29 CFR 2520.10			10í		<u></u>	<u>i</u>			
11	is this a defined benefit plan subject to minimum funding requirem	ents? (if "	es," see instructions and com	plete	Schee	lule St	8 (Farm C. D.			
11a	5500) and line 11a below) Entire the amount from Schedule SB line 39				T	11a	Yes No			
12	is this a defined contribution plan subject to the minimum funding						ERISA? Yes No			
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below,					- U.S. 201	CARROLL CON POPULA			
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	l@ amortize	ed in this plan year, see instru		and e	ntertt				
IF.	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	MS (For	n 5500), and skip to line 13.							
<u></u> b	Enter the minimum required contribution for this plan year		· · · · · · · · · · · · · · · · · · ·			12b				
				_		_				

	Fami 5500-SF 2012	Page 3 -	<del>-</del>				
c	Enter the amount contributed by the employer to the plan for the	s pian year	126				
ď	Subtract the amount in line 12c from the amount in line 12b. Enti- negative amount)	ter the result (enter a minus sign to the left of a	134			·· <del>·····</del>	
	Will the minimum funding amount reported on line 12d be met h			Yes	Na	N/A	
Part \							
13a	Has a resolution to terminate the plan been adopted in any clan yea	X Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the					0	
, b	Were at the plan assets distributed to participants or beneficial of the PBGC?	the control		∏ Yes	No		
Ç	If during this plan year, any essets or liabilities were transferred which assets on liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify the plan	n(s) 10	·	<del></del>		
13	lo(1) Name of plan(s):		13c(2) Ell	V(s)	13c(3	) PN(s)	
Part \	/III- Trust information (optional)			j			
:	ame of trust	14b To	14b Trust's EIN				
			İ				