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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in acc	ordance wit	h the instructions to the Form 5500	O-SF.	,		
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 08/28/2	.011	and ending 0	8/27/2	.012		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m	
•	special extension (enter descrip			ļ			
D-							
	art II Basic Plan Information—enter all requested info	rmation		41.			
	Name of plan			10	Three-digit plan number		
3 & 3	S INDUSTRIES, INC. PENSION PLAN				(PN) ▶	002	
				1c	Effective date of	plan	
					08/28/		
	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identif		r
5 & 3	S INDÚSTRIES, INC.				(EIN) 04-37	18136	
				2c	Sponsor's teleph		
	ELL PLAZA				914-885		
YON	KERS, NY 10701			2d	Business code (s)
					33290		
	Plan administrator's name and address (if same as plan sponsor 5 INDUSTRIES, INC. 5 ODELL I		9")	30	Administrator's E 04-37		
	YONKERS	S, NY 10701		3c	Administrator's t		ber
	If the constraint of the character of the constraint of the constr	- l t t /	and Chalfer this plant and a the	41-	914-885	5-1500	
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.	ie iast 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			35
b	Total number of participants at the end of the plan year			5b			33
С	Number of participants with account balances as of the end of the		•	0.0			
	complete this item)		•	5c			
6a	Were all of the plan's assets during the plan year invested in eli	gible assets?	(See instructions.)			X Yes	No
b	3						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili	,	,			X Yes	No
- D-	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.			
	rt III Financial Information		T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	780049			815518	
b	Total plan liabilities	7b	123			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	779926			815518	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		51132				
	(1) Employers	8a(1)	31132				
	(2) Participants	8a(2)		_			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	50195				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				101327	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		57885				
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)		7850				
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					65735	
:	Net income (loss) (subtract line 8h from line 8c)					35592	
i	Transfers to (from) the plan (see instructions)						
J	וומווסופים וט (ווטווו) נווב ףומוו (שבל וווטנונטווט)	····· 8j					

_			
Form	5500	SF.	2011

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1G 1I 3D
 - 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	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			
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	X			10	000000
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		X			
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		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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "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 amortized in this plan year, see instrugranting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1			
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 negative amount)			12d			
<u>e</u>	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 of the PBGC?			ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			_	_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re _l	port, ir	cludin	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	06/11/2013	RICHARD MEADOW
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 a	an attach	ımer	nt to Form	5500 or	5500·	-SF.						
Fo	r caleı	ndar p	lan year 20°	11 or	fiscal plan y	ear	beginning 08	8/28/201	1				and end	ling	08/27/2	2012			
					arest dollar. 00 will be ass	ses	sed for late filing o	of this rep	ort u	nless reas	onable ca	ause i	s establish	ned.					
		of pla		PEN	SION PLAN							В	Three-di	•	· (PN)	•	•	002	
			or's name as RIES, INC.	shc	wn on line 2	a o	f Form 5500 or 550	00-SF				D 04	Employer -3718136	· Ide	ntification	n Nui	mber (EIN)	
Е	Туре с	of plan	: X Single		Multiple-A		Multiple-B		F P	rior year pla	ın size:	× 100	or fewer	П	101-500	П	More t	han 500	
D	art I	R	asic Info	ma	tion		· · · · · · · · · · · · · · · · · · ·				Ŀ			<u> </u>					
1			valuation da			Moi	nth <u>08</u> [Day28	3	Year _	2011								
2		sets:	varaation a		•	1101		<u>-</u>				_							
	а	Mark	cet value												2a				779926
	b	Actu	arial value												2b				779926
3	Fur	nding t	arget/partici	pant	count break	dov	vn:				(1) N	lumbe	er of partic	ipan	its		(2)	Funding Ta	arget
	а	For	retired partio	ipar	its and benef	ficia	aries receiving pay	ment		3a					3				412008
	b	For	terminated v	este	d participant	s				3b					25				116930
	С	For	active partic	ipan	ts:				Г										
		(1)	Non-vested	l ber	efits					3c(1)									0
		(2)								3c(2)					7				459532
		(3)							F	3c(3)					35				459532 988470
	d									3d		П			33				900470
4							ox and complete li					ш		Г	4-				
	a			_			ed at-risk assumpt							—	4a				
	b						mptions, but disreg secutive years and								4b				
5	Effe														5				5.46 %
6	Tar	get no	rmal cost												6				6750
;	To the accorda combin	best of rance with antion, or	th applicable law	he info	ormation supplied regulations. In my	y opi	this schedule and accominion, each other assump nice under the plan.									expe	ctations)	and such othe	
ŀ	IERI	E										_				0	6/06/2	013	
WIL	LIAN	E. BU	CKHEIT, FO	CA	Signa	tur	e of actuary					_					Date 11-037	′06	
SEI	NTINE	L BEN	NEFITS GRO	DUP	• • • •	int	name of actuary							1	Most rece			ent number 3-2800	r
			DLLOW ROA 11747	D, S		irm	n name						T	elep	hone nui	mbe	r (inclu	iding area o	code)
					Add	res	s of the firm					_							
lf th	a activ	arv bo	e not fully r	flec	ed any requi	lati	on or ruling promu	lasted un	der t	the statute	in compl	eting	this school	ule	chack the	a ho	v and a	200	П
	uction	-	is not fully le	iii c C	icu ariy regu	aut	on or running proffici	igateu uli	iu c i l	ine sialule	iii compi	curiy	una auneu	ui c ,	OHEON III	U DU.	A ariu S	30 0	

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Pa	rt II	Begir	ning of year	carryove	r and prefunding ba	lances										
							(a) (Carryover balance		(b)	Prefundin	g balance				
		•			cable adjustments (line 13 t	•		;	3219			34733				
8				•	unding requirement (line 35				3219			33517				
9	Amoun	t remainii	ng (line 7 minus li	ne 8)					0			1216				
10	Interest	on line 9	using prior year's	actual retu	urn of <u>9.69</u> %											
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:											
	a Pres	sent valu	e of excess contri	butions (line	e 38 from prior year)							0				
					rate of 6.22 % excep							0				
	C Tota	al availabl	e at beginning of c	urrent plan y	ear to add to prefunding bal	ance						0				
	d Port	tion of (c)	to be added to p	efunding b	alance							0				
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0				
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12	2)			0			1334				
Pa	art III	Fun	ding percenta	ages												
14	Funding	g target a	ttainment percent	age							14	78.76 %				
15	Adjuste	d funding	g target attainmen	t percentag	e						15	78.76 %				
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce										79.47 %					
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	e funding ta	rget, enter s	such percentage		17						
Pá	art IV	Con	tributions an	d liquidit	y shortfalls											
		_		•	ear by employer(s) and em	ployees:										
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE		(b) Amount pai employer(s		(c) Amour emplo	t paid by yees				
05	/10/2013	3		51132	0											
											T					
						Totals ▶	18(b)		51132	18(c)		0				
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th									
	a Cont	ributions	allocated toward	unpaid mini	mum required contributions	s from prior	years	_	19a			0				
b Contributions made to avoid restrictions adjusted to valuation date										0						
	C Conti	ributions a	allocated toward m	nimum requ	uired contribution for current	year adjusted	d to valuation	n date	19c			45279				
20		-	outions and liquidi	-												
			•		he prior year?				X Yes No							
	b If 20a	a is "Yes,	" were required q	uarterly inst	allments for the current year	ar made in a	timely man	ner?				Yes X No				
	C If 20a	a is "Yes,	" see instructions	and comple	ete the following table as a											
		(4) 4	. 4		Liquidity shortfall as of e	end of quarte					(A) A11-					
		(1) 19	5l		(2) 2nd		(3)	3rd			(4) 4th					

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.11%		2nd segment: 5.31%		3rd segment: 6.32 %		N/A, full yield curve used
	b At	policable month	(enter code)		1			21b	0
22								22	65
23		ality table(s) (see			escribed - combined		scribed - separate	Substitut	
		1	_				oonsea coparate		
		Miscellane							
24			•		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				ım required contribut				
					years			28	
29					I unpaid minimum required o		, ,	29	0
30	Rema	aining amount of	f unpaid minimum requir	ed cor	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	for current year				
31	Targe	et normal cost a	nd excess assets (see in	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	6750
	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					209878	38519
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	fundina requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	45269
		<u> </u>			Carryover balance		Prefunding bala	nce	Total balance
35	Balan	acce clasted for a	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
33									0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	45269
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	45279
38			ess contributions for curr						
								38a	10
		•			prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40		<u> </u>					,	40	0
	rt IX			_	nsion Relief Act of 20				
					ursuant to an alternative amo		<u>-</u>		
 -			_		irsuant to an alternative and			П	2 plus 7 years 15 years
		, , , ,	,		41a was made				8 2009 2010 2011
								42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2011 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2011 Nonannuitant Female Use discount rate transition: No

Male Annuitant: 2011 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2011 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: 0 **Stability period:** plan year

Probability of lump sum: 100.00% Lookback months: 2

Use pre-retirement mortality: Yes Nonannuitant: None

Annuitant: 2011 Applicable

<u>2nd</u> <u>3rd</u> 1st 2nd 3rd <u>1st</u> 2.21 4.84 5.91 **Current: Segment rates:** 2.11 5.31 6.32 Override: 0.00 0.00 0.00 2.11 5.31 6.32 **Final rates:**

Override: 0.00 0.00 0.00

Effective Interest Rate: 5.46

<u>Salary Scale</u> <u>Late Retirement Rates</u>

Male:0.00%Male:NoneFemale:0.00%Female:None

WithdrawalMarriage ProbabilitySetbackMale:NoneMale:0.00%0

Male: None Male: 0.00%

Female:NoneFemale:0.00%Withdrawal-SelectExpense loading:0.00%

Male: None <u>Disability Rates</u>

Female: None Male: None Early Retirement Rates Female: None

Male: None <u>Mortality</u> <u>Setback</u>

Female: None Male: None 0

Subsidized Early Retirement Rates Female: None 0

Male: None Female: None

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members

Two year eligibility: No

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

<u>Retirement</u> <u>Normal</u> <u>Early</u> <u>Subsidized Early</u> <u>Disability</u> <u>Death</u>

 Age:
 65

 Service:
 0

 Participation:
 5

Defined:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition: Hours Worked **Percentage of accrued benefit:** 50.00%

Death Benefit Payment method: Face + PVAB - Curr. CV

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Plan Sponsor's Name: S & S INDUSTRIES, INC.

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:Benefit formulaType of Formula:Flat benefitEffective Date:08/28/1981

Flat benefit non-integrated type: Percent
Total percent of salary: 0.00%

Dollar amount: None
Reduction based on: Accrual
Benefit reduction for years less than: 0

Averaging

Projection method:
Based on:Current Compensation
Final AverageApply exclusion to accrued benefit:
Annualize short compensation years:NoHighest:5Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

 Years based on:
 Service
 Cap/floor years:
 0

 Maximum past accrual years:
 0.0000
 Cap or floor:
 Cap

 Method:
 Fractional
 Accrual % per year:
 0.00%

 Apply 415 before accounts
 No.

Apply 415 before accrual: No

Frozen Benefits

Fresh Start Date:Fresh start approachNot UsedApply increase to frozen compensation:NoReduce years and/or capsYes

Selected Formula: N/A by frozen years:

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Plan Sponsor's Name: S & S INDUSTRIES, INC.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 '	Го 14 Avg. Comp		To 19 Avg. Comp		0 To 24 Avg. Comp	25 No.	To 29 Avg. Comp		To 34 Avg. Comp	3a No	5 To 39 Avg. . Comp		Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	,) 0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	() 0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	0	0	0	0	-) 0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	2	0	0	0	0	0	(0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	1	0	1	0	-	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0		1 0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	(0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0

Name of plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan sponsor's name: S & S INDUSTRIES, INC.

Plan number: 002

EIN: 04-3718136

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base	Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	Payment
Shortfall	08/28/2008	2.11 / 0.00	7,673	7.00	5,014	4.00	1,293
Shortfall	08/28/2009	2.11 / 5.31	80,717	7.00	65,593	5.00	13,672
Shortfall	08/28/2010	2.11 / 5.31	75,905	7.00	69,771	6.00	12,527
Shortfall	08/28/2011	2.11 / 5.31	69,500	7.00	69,500	7.00	11,027
Totals					209,878		38,519

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Plan Sponsor's Name: S & S INDUSTRIES, INC.

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

v.012611

For calendar plan year 2011 or fiscal plan year beginning	08/2	8/2011		and endi	ng	08/2	7/2012
Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be assessed for late fili	ng of this report u	ınless reas	onable ca	use is establishe	ed.		
A Name of plan				B Three-dig		>	002
S & S INDUSTRIES, INC. PENSION PLAN							
C Plan sponsor's name as shown on line 2a of Form 5500 o	r 5500-SF			D Employer 04-3718		on Number (E	IN)
			. 37			0	500
E Type of plan: X Single Multiple-A Multiple-B	F	Prior year pla	an size: [X	100 or fewer	101-500	0 More th	an 500
Part I Basic Information	2.0		2011		·		
1 Enter the valuation date: Month 8	Day28	Year_	2011	=			
2 Assets:					2a		770 026
a Market value					2b		779,926
b Actuarial value							779,926
3 Funding target/participant count breakdown.		0	(1) N	umber of partici		(2) F	unding Target
a For retired participants and beneficiaries receiving	1 1	3a			3		412,008
b For terminated vested participants		3b			25		116,930
c For active participants:					-		
(1) Non-vested benefits		3c(1)					0
(2) Vested benefits		3c(2)					459,532
(3) Total active		3c(3)			7		459,532
d Total		3d		PTTT	35		988,470
4 If the plan is in at-risk status, check the box and comple	te lines (a) and (l	b)					
a Funding target disregarding prescribed at-risk assu	ımptions			i	4a		
b Funding target reflecting at-risk assumptions, but d at-risk status for fewer than five consecutive years					4b		
5 Effective interest rate					5		5.46 %
6 Target normal cost				***************************************	6		6,750
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and a accordance with applicable law and regulations. In my opinion, each other as combination, offer my best estimate of anticipated experience under the plan	ssumption is reasonabl	es, statements le (taking into a	and attachmed	ents, if any, is comple xperience of the plan	ete and accura and reasonab	ate. Each prescrib le expectations) a	ed assumption was applied in ind such other assumptions, in
SIGN (UEA)						06/06/20	13
Signature of actuary						Date	
WILLIAN E. BUCKHEIT, FCA						11-0370	6
Type or print name of actua	ıry				Most re	cent enrollme	nt number
SENTINEL BENEFITS GROUP, LLC					(5	16) 333-	2800
538 BROADHOLLOW ROAD, SUITE 407				T	elephone n	umber (includ	ling area code)
MELVILLE	NY 117	47					
Address of the firm	+11 11/			-			
If the actuary has not fully reflected any regulation or ruling proinstructions							
For Paperwork Reduction Act Notice and OMB Control Nu	mbers, see the	instructior	s for For	m 5500 or 5500)-SF.	Schedul	e SB (Form 5500) 2011

age	2	165

Pa	ert II	Begii	nning of year	carryove	r and prefunding ba	aland	ces						
								(a) (Carryover balance	9	(b)	Prefundi	ng balance
7	,				able adjustments (line 13				:	3,219			34,733
8					inding requirement (line 3					3,219			33,517
9	Amount	remaini	ng (line 7 minus li	ne 8)						0			1,216
10	Interest	on line	9 using prior year'	s actual retu	ırn of9.69%								118
11					to prefunding balance.								
	a Pres	ent valu	e of excess contri	butions (line	e 38 from prior year)								0
	b Inter	est on (a) using prior year ovided (see instru	's effective ctions)	rate of 6.22% exce	pt as							0
	c Total	l availabl	le at beginning of c	urrent plan y	ear to add to prefunding ba	lance.							0
	d Porti	ion of (c) to be added to p	refunding b	alance								0
12	Other re	ductions	s in balances due	to elections	or deemed elections					0			0
13	Balance	at begin	nning of current ye	ear (line 9 +	line 10 + line 11d - line 1	2)	2			0			1,334
Pa	art III	Fun	ding percenta	ages									
14	Funding					· · · · · · · · · · · · · · · · · · ·						14	78.76 %
15					e							15	78.76 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether ca	arryove	er/prefun	ding balar	nces may be used			16	79.47 %
17					less than 70 percent of the							17	%
Pa	art IV	Con	tributions an	d liquidit	v shortfalls								
					ear by employer(s) and em	evolar	es:						
	(a) Date	9	(b) Amount p	aid by	(c) Amount paid by employees		(a) Da		(b) Amount p employer		(nt paid by
	/10/2		-	51,132	(0							
	-												
						1							
						To	tals •	18(b)		51,132	18(c)		0
19	Discount	ted emp	loyer contributions	s – see instr	uctions for small plan with	n a val	luation da	ate after th	ne beginning of th	e year:			
					num required contribution					. 19a			0
	b Contri	butions	made to avoid res	strictions ad	justed to valuation date					. 19b			0
	c Contri	butions a	allocated toward m	nimum requ	ired contribution for current	year a	adjusted t	o valuation	date	19c			45,279
			outions and liquidit										
	a Did th	e plan h	ave a "funding sh	ortfall" for th	e prior year?							Х	Yes No
					allments for the current ye								Yes X No
					te the following table as a							L	d larned
	= v G				Liquidity shortfall as of			of this pla	n year				
		(1) 1s	st		(2) 2nd			(3)				(4) 4th	

Pa	rt V	Assumptio	ns used to determine	funding target and targe	et normal cost				
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.11 %	2nd segment: 5.31 %	3rd segment: 6.32 %		N/A, full yield cu	irve L	ısed
	b Ar	pplicable month	(enter code)			21b			0
22			***************************************			22			65
		ality table(s) (see			Prescribed - separate	Substitu	te		
_				occinoda combined	Troothou ooparate				
		Miscellane							
24				tuarial assumptions for the curre				es 2	No
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instruction	ons regarding required attac	chment	Y	es 2	No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding required	attachment	X Y	es	No
27			,	nding rules, enter applicable co		27	_		
Pa	rt VII	Reconcilia	ation of unpaid minim	um required contributio	ns for prior years				
28	Unpai	id minimum requ	uired contributions for all prior	years		28			
29				d unpaid minimum required con		29			C
30	Rema	ining amount of	unpaid minimum required co	ntributions (line 28 minus line 29	9)	30	*		C
Pai	t VIII	Minimum	required contribution	for current vear					
31			nd excess assets (see instruc						
	a Tar	get normal cost	(line 6)			31a		(5,750
				ı 31a		31b			C
32		tization installme		. = 40	Outstanding Bala	ance	Installmen	t	
	a Ne	t shortfall amorti	ization installment			209,878		3	8,519
						d			
33	If a wa	aiver has been a	approved for this plan year, er	nter the date of the ruling letter of the main and the waived amour	granting the approval	33	11, 11 mm		
2/				er/prefunding balances (lines 3		34		4 '	5,269
34	lotari	runding requirem	nent before renecting carryov	Carryover balance	Prefunding bala		Total balan		7,200
0.5				Carryover balance	, retaileding bala	1100	- Total Balan		
35			use to offset funding						C
36						36		4 !	5,269
	Contri	butions allocate	d toward minimum required of	ontribution for current year adju	sted to valuation date	37		4 !	5,279
38	<u> </u>		ess contributions for current ye			1			
				our (occ mondono)		38a			10
				f prefunding and funding standa		38b			C
				ear (excess, if any, of line 36 ov		39			C
_				S		40			C
Par				ension Relief Act of 201		'			
				ursuant to an alternative amorti		-			
							2 plus 7 years	15 ye	ars
				41a was made				20	011
						. 42			
				ed over to future plan years		. 43			
	-A000	5 IOLUMI TOTT AUC							

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

or calendar plan year 2011 or fiscal plan year beginning	08/28	/2011 and ending		08/27/2012
This return/report is for:	П a multi		1	a one-participant plan
This return/report is:	James 1		,	a one-participant plan
an amended return/report	the same of the sa	87	monthe	1
Check box if filing under: X Form 5558			110111113	Part .
special extension (enter descri	<u></u>			DFVC program
a Name of plan			1b	Three-digit
S & S INDUSTRIES, INC. PENSION PLAN				plan number
			-	(PN) 002
			10	Effective date of plan 08/28/1981
Plan sponsor's name and address; include room or suite number	r (employer	If for a single-employer plan)	2b	Employer Identification Number
3 & 3 INDUSTRIES, INC.				(EIN) 04-3718136
			2c	Sponsor's telephone number
5 ODELL PLAZA			24	(914) 885-1500
YONKERS		NY 10701	Zu	Business code (see instructions) 332900
Plan administrator's name and address (if same as plan sponsor, SAME.	, enter "San	ne")	3b	Administrator's EIN
				A00.00 (CO)
			3C	Administrator's telephone number
If the name and/or EIN of the plan sponsor has changed since the	e last returr	n/report filed for this plan, enter the	4b	EIN
			10	DN
Total number of participants at the beginning of the plan year				
Total number of participants at the end of the plan year				35
Number of participants with account balances as of the end of the	o alon was	/	DD	33
complete this item)			5c	779
Are you claiming a waiver of the appropriation and	ible assets	? (See instructions.)	• * * * * * * * * * * * * * * * * * * *	X Yes No
To be the Education of the Market eligibility	v and condi	tions)		Vos II No
by south were different to a or ob, the plan cannot use	Form 5500	-SF and must instead use Form 55	00.	Yes No
		(a) Beginning of Year		(b) End of Year
				815,518
		 		0
	70		0	815,518
Contributions received or receivable from:		(a) Amount		(b) Total
		51,13	2	
	0-/21		120000000000000000000000000000000000000	
(3) Others (including rollovers)	8a(3)			
Other income (loss)	8b	50,19	5	
Other income (loss)	8b 8c	50,19	5	101,327
Other income (loss)	8b 8c	50,19 57,88		101,327
Other income (loss)	8b 8c 8d 8e			101,327
Other income (loss)	8b 8c 8d 8e 8f		5	101,327
Other income (loss)	8b 8c 8d 8e 8f	57,88	5	101,327
Other income (loss)	8b 8c 8d 8e 8f 8g 8h	57,88	5	101,327
Other income (loss)	8b 8c 8d 8e 8f 8g 8h	57,88	5	
3 ; F 4	This return/report is: the first return/report an amended return/repor	This return/report is:	This return/report is:	This return/report is:

Form	5500-	SE	201	1

Page	2	_	Г
1 000	-	100	

Part IV	Dian	Charactaristic	_
railivi	rian	Characteristic	S

- 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 1I 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	t V Compliance Questions						-	
10	During the plan year:	-	7000		Yes	No		Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Pro	gram)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include tra	nsactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			1,000,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that wa	is caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tr instructions.)	persons by an ins	urance carrier,	10e		Х		
f	Has 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	f year end.)		10g		Х		10000
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and	29 CFR	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or	one of the	10i				
Part	VI Pension Funding Compliance					*		
11	Is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ir	structions and comp	olete S	Schedi	ıle SB	(Form	
12	Sthis a defined contribution plan subject to the minimum funding req	vije po sete e E e e e						Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	mortized in this p	Monti	tions, h	and er	nter th Day	e date of the	e letter ruling Year
	Enter the minimum required contribution for this plan year				. [12b		
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	year	nus sign to the left o	f a		12c		
e	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?		••••••	•		Yes [No T N/A
Part	VII Plan Terminations and Transfers of Assets			10.00m			<u> </u>	
1 3 a	Has a resolution to terminate the plan been adopted in any plan year?		122.2.2.2.1.1.1.1.2.1.2.2.2.2.2.2.2.2.2			Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year	*************************	13	a			
b	Were all the plan assets distributed to participants or beneficiaries, trai of the PBGC?	nsferred to anothe	er plan, or brought ur	nder th		trol		Yes X No
С	if during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to anothe	r plan(s), identify the	plan(s) to			
13	c(1) Name of plan(s):				13c(2) EIN	l(s)	13c(3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report v	will be assessed	unless reasonable	caus	e is e	stablis	shed.	
Jnder SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have	avaminad this return		4 1 1	. 11		e, a Schedule owledge and
SIGN	free let ofert	6/10/13	RICHARD MEA	DOW				}
HERE	Signature of plan administrator	Date	Enter name of ind		signir	ng as	plan admini	strator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of indi	ividual	sianir	ng as r	employer or	nian sponsor
					.711	-		P. WILLOW THE P.

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameS & S INDUSTRIES, INC. PENSION PLANEIN: 04-3718136Plan Sponsor's NameS & S INDUSTRIES, INC.PN: 002

Data of	<u>, </u>	V	F# ation	Internet Adirected
Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
05/11/2013	51,132	2011	5.46	45,279

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name S & S INDU	EIN:	04-3718136							
Plan Sponsor's Name	S & S INDUSTRIES, INC.	PN:	002						
The weighted average retirement age is equal to the normal retirement age of65									
	List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.								