### 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

				Complete all entries in a	<u>iccordanc</u>	e with the instru	ctions to the Form 550	<u>0-SF.</u>		
Par	t I	Annual Report	lde	ntification Informatior	า					
For ca	lenda	ar plan year 2012 or fis	cal	plan year beginning 01/01	1/2012		and ending	2/31/	2012	
<b>A</b> Th	is retu	urn/report is for:	X	a single-employer plan	a m	ultiple-employer p	lan (not multiemployer)		a one-partic	ipant plan
		urn/report is:		the first return/report	the	final return/report			<u> </u>	
				an amended return/report	a sh	ort plan year retur	n/report (less than 12 m	onths	)	
<b>C</b> Ch	eck b	oox if filing under:	X	Form 5558	auto	omatic extension			DFVC progr	am
				special extension (enter desc	cription)					
Part	: II	Basic Plan Info	rma	ation—enter all requested ir	nformation	1				
<b>1a</b> N	ame d	of plan						1b	Three-digit	
RONSC	O DE	L INC. RETIREMENT	TR	UST					plan number	004
								L .	(PN) <b>•</b>	001
								1C	Effective date of	of plan 1/2002
<b>2a</b> PI	lan sp	oonsor's name and add	dres	s; include room or suite numb	ber (emplo	oyer, if for a single	-employer plan)	2b		ification Number
RONSC					` .		,			524471
								2c	Sponsor's telep	
		VENUE, 4TH FLOOR NY 10001						24		27-0500
	,							Zu	2383	(see instructions)
<b>3a</b> P	lan ac	dministrator's name an	d a	ddress XSame as Plan Spon	nsor Name	e Same as Plai	n Sponsor Address	3b	Administrator's	EIN
				<del>_</del>		_		20		
								30	Administrator's	telephone number
<b>4</b> If	the n	ame and/or EIN of the	pla	n sponsor has changed since	e the last r	eturn/report filed f	or this plan, enter the	4b	EIN	
n	ame,	EIN, and the plan nun		from the last return/report.						
		or's name						1	PN	
				ne beginning of the plan year				5a		2
				ne end of the plan year				5b		
				unt balances as of the end of	•	•	•	5с		
<b>6a</b> \	Vere	all of the plan's assets	dur	ing the plan year invested in	eligible as	ssets? (See instruc	ctions.)			X Yes No
	,	•		annual examination and repo				,		N v □ N-
				ee instructions on waiver eligi	-					X Yes   No
				line 6a or line 6b, the plan						
				complete filing of this retur						
	•	, , ,		penalties set forth in the instru	,			,	O, 11	,
		rue, correct, and comp		gned by an enrolled actuary,	as well as	s the electronic ver	rsion of this return/repor	ı, and	to the best of my	y knowledge and
		Filed with outborized.	منامر	L ala atrania aignatura		40/44/2042	LEE D. ZADETZIO			
SIGN HERE		Filed with authorized/				10/14/2013	LEE R. ZARETZKY			
		Signature of plan ac	imt	nistrator		Date	Enter name of individ	ual si	gning as plan ad	ministrator
SIGN HERE										
		Signature of employ				Date	Enter name of individ			
Prepa	rer's r	name (including firm n	ame	e, if applicable) and address; i	include ro	om or suite numbe	er (optional)	Prep	parer's telephone	e number (optional)

Form 5500-SF 2012 Page **2** 

Par	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear		
a	Total plan assets	7a	222017				(8) =:		50786	6	
	Total plan liabilities	7b		0				_		)	
	Net plan assets (subtract line 7b from line 7a)	7c	222017					2	50786	<u>-</u> วิ	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•			(h	Total	30100		
	Contributions received or receivable from:		(a) Amount				(I)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	28769	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							287695	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							28769	5	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	, <u>°,</u>									
	If the plan provides pension benefits, enter the applicable pension  1A 1G 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the instr	uction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes	in t	ne instru	ctions:			
Dawl	V Compliance Questions										
Part	•			ı	V	\.					
10	During the plan year:	4:			Yes I	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					Χ					
	· · · · · · · · · · · · · · · · · · ·			10f							
g h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	•	<u> </u>	10g		X					
	2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance					_					
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a					11						0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru			er th Day	e date c	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year				12	2b					_

	Form 5500-SF 2012 Page <b>3</b> - 1			
			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

# 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

2012

This Form is Open to Public Inspection

				✓ File as	an attacinne	III IO FOIIII	3300 OI 3	300-31.				
Fo	r calendar	plan year 201	12 or fiscal pla	n year beginning	01/01/2012			and end	ling 12/31	/2012		
Þ	Round o	ff amounts to	nearest doll	ar.								
•	Caution:	A penalty of \$	\$1,000 will be	assessed for late filing	of this report u	ınless reaso	onable cau	se is establish	ned.			
	Name of p	olan EL INC. RETIF	REMENT TRU	ST				B Three-d plan nur	git nber (PN)	•	001	
	Plan spon		shown on line	2a of Form 5500 or 5	500-SF		I	D Employer	Identificatio	n Number (E	in)	
			_									
E	Type of pla	an: X Single	Multiple-	A Multiple-B	<b>F</b> F	Prior year pla	an size: X	100 or fewer	101-500	More th	an 500	
Р	art I	Basic Infor	mation									
1	Enter th	ne valuation da	ate:	Month	Day01	Year _	2012					
2	Assets:											
	<b>a</b> Marke	et value							2a			2220171
	<b>b</b> Actua	arial value							2b			2220171
3	Funding	g target/partici	pant count bre	akdown:			<b>(1)</b> Nu	mber of partic	ipants	( <b>2</b> ) F	unding Target	
	<b>a</b> For re	etired participa	ants and benef	iciaries receiving paym	ent	3a			0			0
	<b>b</b> For to	erminated vest	ted participant	s		3b			0			0
	<b>C</b> For a	ctive participa	nts:									
	(1)	Non-vested	benefits			3c(1)						0
	(2)	Vested ben	efits			3c(2)						2031402
	(3)	Total active	)			3c(3)			2			2031402
	<b>d</b> Total					3d			2			2031402
4	If the pl	an is in at-risk	status, check	the box and complete	lines (a) and (I	b)						
	<b>a</b> Fund	ing target disre	egarding pres	cribed at-risk assumption	ons			<b>-</b> 	4a			
				ssumptions, but disreg e consecutive years an					4b			
5	Effectiv	e interest rate							5			6.85 %
6	Target	normal cost							6			135426
Sta	To the best of accordance	with applicable law	he information sup and regulations. In	blied in this schedule and acco n my opinion, each other assur experience under the plan.								
	SIGN HERE									10/12/20	013	
			Siç	nature of actuary						Date		
WIL	LIAM J. C	CLEMANS, E.A	Α.							11-0714	<b>1</b> 9	
			Type or	print name of actuary					Most red	ent enrollme	nt number	
LOI	NG ISLAN	D EMPLOYEE	BENEFITS (	GROUP						631-273	3-9220	
	5 WIRELE UPPAUG	SS BLVD E, NY 11788		Firm name				7	elephone nu	umber (includ	ding area code)	
			А	ddress of the firm								
If the	e actuary l	has not fully re	eflected any re	gulation or ruling prom	ulgated under	the statute	in completi	ing this sched	ule, check th	ne box and so	ee	

D		2	
rac	ıe	4	-

Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Balan	ces							
							(a)	Carryover balance	;	(b)	Prefundi	ng balai	nce
7		Ū	0 , ,		cable adjustments (line 13 f				54500				56528
8				•	funding requirement (line 35				1435				0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					53065				56528
10	Interes	t on line 9	using prior year's	actual re	turn of1.37%				-727				-774
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	<b>a</b> Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								0
					interest rate of 6.20%								0
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce							0
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12	?)			52338				55754
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ıttainment percent	age							14	10	3.97 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	10	9.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									0.88 %			
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of th	e funding tar	get, enter	such percentage			17		%
P	art IV	Con	tributions and	d Liquid	lity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:							
(N	(a) Dat M-DD-Y	te 'YYY)	(b) Amount pa employer(		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount p employer		(	<b>c)</b> Amou empl	nt paid oyees	ру
											T		
						Totals ►	18(b)		0	18(c)			0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after	the beginning of the					
	<b>a</b> Cont	ributions	allocated toward u	unpaid mir	nimum required contributions	s from prior y	ears		19a				0
					djusted to valuation date				19b				0
	<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	to valuation	on date	19c				0
20		-	outions and liquidit	-								T	
			_		the prior year?						<u> </u>	Yes	No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterl	y installments for the curren	t year made	in a timely	/ manner?				Yes	X No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a								
		(1) 19	et l		Liquidity shortfall as of e	end of quarte	r of this pl (3)	an year 3rd			(4) 4tl	1	
		(1) 13	^		(2) ZIIV		(3)	Jiu			(7) 40		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arget	Normal Cost						
21	Discou	unt rate:										
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%		3rd segment: 7.52 %		N/A, full yield	d curve	used		
	<b>b</b> App	licable month (	enter code)				21b			3		
22	Weigh	ted average ret	tirement age				22			62		
23	Mortal	ity table(s) (se	e instructions)	escribed - combined	Presci	ribed - separate	Substitu	ite				
Pa	rt VI	Miscellane	ous Items									
24		ū	nade in the non-prescribed ac	•	•	•		· · -	d Yes	X No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions re	garding required attac	hment		Yes	X No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstructio	ns regarding required	attachmen	tX	Yes	No		
27		•	o alternative funding rules, en	• •			27					
Pa	rt VII		ation of Unpaid Minim									
28	Unpai		uired contributions for all prior				28			0		
29							29			0		
30							30			0		
Pa	art VIII Minimum Required Contribution For Current Year											
31	Targe	t normal cost a	nd excess assets (see instruc	tions):								
	<b>a</b> Targ	et normal cost	(line 6)				31a			135426		
	<b>b</b> Exc	ess assets, if ap	oplicable, but not greater than	line 31a			31b			80677		
32	Amort	ization installme	ents:			Outstanding Bala	nce	Installn	nent			
	<b>a</b> Net	shortfall amorti	zation installment				0	0				
	<b>b</b> Wai	ver amortizatio	n installment				0			0		
33			approved for this plan year, er Day Year	3	•	•	33					
34	Total f	unding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a - 31	lb + 32a + 32b - 33)	34			54749		
				Carryover balance		Prefunding balar	nce	Total ba	lance			
35			use to offset funding		52338		2411			54749		
36	Additio	onal cash requi	rement (line 34 minus line 35)				36			0		
37			ed toward minimum required c				37			0		
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)		-	'					
	<b>a</b> Tota	ıl (excess, if an	y, of line 37 over line 36)				38a			0		
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding stand	dard carr	yover balances	38b			0		
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	over line	e 37)	39			0		
40	Unpai	d minimum requ	uired contributions for all years	3			40			0		
Pai	t IX	Pension	Funding Relief Under I	Pension Relief Act of	2010 (	See Instructions)						
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:								
	<b>a</b> Sche	edule elected						2 plus 7 years	15 y	ears/		
	<b>b</b> Eligi	ible plan year(s	) for which the election in line	41a was made			200	08 2009 201	0	2011		
42			on adjustment				42					
			celeration amount to be carrie				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 fited 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

		Complete all entries in acco	ruance with the instruc	uons to the Form 3300-	OI .	
Part I	The second secon	Identification Information	01/01/2012	and ending	12/31/2012	
For calenda	ar plan year 2012 or 1					
A This ret	um/report is for:	a single-employer plan	a multiple-employer pla	an (not muttemployer)	a one-participa	nt plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	vreport (less than 12 mor	nths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter descript	ion)			
Part II	Basic Plan Info	ormation—enter all requested inform	nation			
1a Name	of plan				1b Three-digit	
Rons	co Del Inc. F	Retirement Trust			plan number (PN) ▶	001
					1c Effective date of p	
					01/01/2002	Jidili
2a Plan si	nonsor's name and a	ddress; include room or suite number	employer, if for a single-	emplover plan)	2b Employer Identific	ation Number
	co Del Inc.	adioss, morado rosmon di santo manison,	(orribio) orfin to a arrigin		(EIN) 13-3524	
110210	00 502 2110.			Acres	2c Sponsor's telepho	
					(212) 627-0	
312	Fifth Avenue,	4th Floor			2d Business code (se	ee instructions)
New '	York		NY	10001	238300	
		nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b Administrator's El	N
		Need			2- 4 (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Landa and the same
					3c Administrator's tel	epnone number
A (£ 6)		ne plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EIN	
4 If the r	ame ano/or Elivioliti . EIN. and the plan nu	imber from the last return/report.	s last returnineport med ic		TD CIN	
a Sponso					4c PN	
5a Total r	number of participant	s at the beginning of the plan year			5a	2
<b>b</b> Total r	number of participants	s at the end of the plan year	******************		5b	2
		account balances as of the end of the		-		
compl	ete this item)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5c	
6a Were	all of the plan's asse	ts during the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No
<b>b</b> Are vo	ou claiming a waiver o	of the annual examination and report of	f an independent qualifie	d public accountant (IQP	PA)	E v I u
under	29 CFR 2520.104-46	6? (See instructions on waiver eligibility	y and conditions.)	f F F F		X Yes No
		either line 6a or line 6b, the plan car				
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable caus	se is established.	
Under pena	alties of perjury and o	ther penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/report	ort, including, it applicat	ole, a Schedule
	true, correct, and con		Well as the electronic ven	Stoff of this retarringport.	and to the beat of my k	nowicago ana
	1	10/11/2	722 1 1	1		
SIGN		101 - Will	10/1/13	Lee R. Zaretzk	у	
HERE	Signature of plan	administrato)	Date	Enter name of individu	al signing as plan admi	nistrator
SIGN						
HERE	2: 1		Dota	Enter name of individu	al signing as employer	or nian enoneor
	Signature of empl	oyer/plan sponsor name, if applicable) and address; inclu	Date		Preparer's telephone n	
rreparer s	traitie filtrinning ilm	name, ii applicable) and address, incli	240 (point of duling finition	. (-		(-

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a	2,22	0,1	71			2,5	07,866
b	Total plan liabilities	7b			0				0
C	Net plan assets (subtract line 7b from line 7a)	7c	2,22	0,17	71			2,5	07,866
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
а	Contributions received or receivable from:				Δ				
	(1) Employers	8a(1)			0				
	(2) Participants.				0				
b	(3) Others (including rollovers)	8a(3) 8b	2.8	7,69	3.5				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7				2	87,695
d	Benefits paid (including direct rollovers and insurance premiums	OC			-				,
	to provide benefits)	8d			0				
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e		<u> </u>	0				
f_	Administrative service providers (salaries, fees, commissions)	8f			0				
_ g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
j	Net income (loss) (subtract line 8h from line 8c)	81						2	87,695
j	Transfers to (from) the plan (see instructions)	- 8j			0				
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 3D	feature code	es from the List of Plan Char	acteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	antura codor	from the Liet of Plan Chara	atorial	in Cor	for in f	ha instruct	laner	
D	If the plant provides wellate belieflis, effici the applicable wellate is	salure codes	s iform the List of Flam Chara	CICHSI	10 000	162 111	ne instruct	iions.	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Ь		Х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	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 cinstructions.)			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 a	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h				_	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s, <sup>∾</sup> see instructions and com	plete	Sched	lule SE	(Form	∑ Ye	s   No
11a	Enter the amount from Schedule SB line 39					11a	0	<del></del>	
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ction :	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	le )						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				and e	enter th Day	e date of t	he letter r Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	**********	,			12b			

Form	5500.	SE	201	2

Page	3	-	
------	---	---	--

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
e	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?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	(3c(1) Name of plan(s):	13c(2) EIN	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b Tru	ıst's EIN	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

nstructions

# 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).

ne This

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

### ▶ File as an attachment to Form 5500 or 5500-SF. 12/31/2012 For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit 001 plan number (PN) Ronsco Del Inc. Retirement Trust C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) 13-3524471 Ronsco Del Inc. F Prior year plan size: X 100 or fewer E Type of plan: X Single Multiple-A Multiple-B 101-500 More than 500 Part I **Basic Information** 2012 Day Enter the valuation date: Month Year 2 Assets: 2a 2,220,171 a Market value ..... 2b **b** Actuarial value 2,220,171 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target 0 0 a For retired participants and beneficiaries receiving payment..... **b** For terminated vested participants..... 3b 0 0 c For active participants: 3c(1) 0 (1) Non-vested benefits ..... 2,031,402 3c(2)Vested benefits 2 3c(3)2,031,402 Total active..... 3d 2 2,031,402 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... 4a a Funding target disregarding prescribed at-risk assumptions ...... b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor..... 5 6.85 % Effective interest rate 6 6 Target normal cost 135,426 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN 10/12/2013 HERE Date Signature of actuary 11-07149 William J. Clemans, E.A. Type or print name of actuary Most recent enrollment number Long Island Employee Benefits Group (631) 273-9220 Firm name Telephone number (including area code) 325 Wireless Blvd NY 11788 Hauppauge Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

_		-	
Pac	0	/	

Pa	art II B	eginning of Year	Carryov	er Prefunding Balan	ces								
V17				arryover balance		(b) F	(b) Prefunding balance						
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)										5	6,528	
8		Production of the State of Sta		unding requirement (line 35	The second of the fact that the second of th		1,4	35				0	
9							53,0	65	56,528				
10	(1.37)											(774)	
11													
	107			38a from prior year)								0	
				nterest rate of6.20_%								0	
	<b>c</b> Total ava	ilable at beginning of cui	rent plan ye	ear to add to prefunding balar	nce							0	
	<b>d</b> Portion of	of (c) to be added to pre	efunding ba	lance								0	
12	Other redu	ctions in balances due	to elections	s or deemed elections				0				0	
13	Balance at	beginning of current ye	ear (line 9 +	line 10 + line 11d – line 12	2)		52,3	38			5	5,754	
P	art III	Funding Percent	ages										
14										14	103.	.97 %	
15	01 100 Hz 10000	nding target attainmen	10.00 VIII.							15	109.	29 %	
16										16	100.	.88 %	
17				s less than 70 percent of th						17		%	
Pi	art IV	Contributions an	d Liauid	ity Shortfalls									
				ear by employer(s) and em	plovees:								
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a) Da		(b) Amount paid	by	(6		ınt paid	by	
(N	1M-DD-YYY	Y) employer	(s)	employees	(MM-DD-)	YYYY)	employer(s)			emp	oyees		
								-1					
			-										
					T-1-1-	40(%)		0	40/->				
					Totals &	18(b)		0	18(c)	-	eres i	0	
19				tructions for small plan with									
			ALEXAND RELEASED THE APPLICATION OF THE PROPERTY OF THE PROPER	imum required contribution				9a		0			
				ljusted to valuation date				9b				0	
	0.00	A STATE OF THE STA		uired contribution for current	year adjusted t	o valuation	date 1	9c				U	
20		ontributions and liquidi								IR	7	П.,.	
	1110 11-000 MACCOOL			he prior year?								∐ No	
		35/ - \$2.50 (\$40.000)   10   10   10   10   10   10   10	(47). IS	installments for the currer	ER Over one	2	nanner?			••••••	Yes	X No	
	C If line 20	a is "Yes," see instruct	ions and co	emplete the following table									
	1	1) 1st		Liquidity shortfall as of e	end of quarter		n year 3rd		<del></del>	(4) 4t	 h		
-		1) 101		(E) ZIIU		(5)	Old .			\7) 41			

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Tar	get Normal Cost							
21	100 Ac										
	a Segment rates:	1st segment: 5 . 54 %	2nd segment: 6.85 %	3rd segment 7.52 %		N/A, full yield curve used					
S	<b>b</b> Applicable month (	(enter code)			21b	3					
22	Weighted average ref	tirement age			22	62					
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitut	e					
Pa	rt VI Miscellane	ous Items									
24		5	uarial assumptions for the curre			J					
25	Has a method change	nethod change been made for the current plan year? If "Yes," see instructions regarding required attachment									
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see inst	ructions regarding required	attachment	X Yes No					
27			er applicable code and see inst		27						
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribution	ons For Prior Years							
28	Unpaid minimum requ	uired contributions for all prior	years		28	0					
29	9.53 350		unpaid minimum required con	- 12 St 50	29	0					
30	Remaining amount of	funpaid minimum required cor	tributions (line 28 minus line 29	9)	30	0					
Pa	rt VIII Minimum	Required Contribution	For Current Year								
31	Target normal cost a	nd excess assets (see instruct	ons):								
	a Target normal cost	(line 6)			31a	135,426					
	<b>b</b> Excess assets, if ap	oplicable, but not greater than	line 31a		31b	80,677					
32	Amortization installment	ents:		Outstanding Bala	ance	Installment					
	a Net shortfall amortiz	zation installment			0	0					
	<b>b</b> Waiver amortization	n installment			Q	0					
33			ter the date of the ruling letter g ) and the waived amoun		33						
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34	54,749					
			Carryover balance	Prefunding bala	nce	Total balance					
35	Balances elected for u	use to offset funding	52,3	38	2,411	54,749					
36	Additional cash requir	rement (line 34 minus line 35).			36	0					
37		d toward minimum required co		37	0						
38	Present value of exce	ess contributions for current year	ar (see instructions)		·						
	a Total (excess, if any	y, of line 37 over line 36)			38a	0					
	<b>b</b> Portion included in	line 38a attributable to use of p	prefunding and funding standar	d carryover balances	38b	0					
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 ov	er line 37)	39	0					
40	Unpaid minimum requ	uired contributions for all years			40	0					
Pa	rt IX Pension I	Funding Relief Under P	ension Relief Act of 20	10 (See Instructions	)						
41	If an election was mad	de to use PRA 2010 funding re	lief for this plan:								
	a Schedule elected .					2 plus 7 years 15 years					
	<b>b</b> Eligible plan year(s)	) for which the election in line 4	11a was made								
42	2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		***************************************		42						
			d over to future plan years		43						
					·						

# SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED RETIREMENT AGE

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER: 001

PLAN YEAR:

01/01/12

to

12/31/12

WRA - The Normal Retirement Age under the Plan.

# SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

**EMPLOYER ID:** 

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/12

to

12/31/12

**FUNDING ASSUMPTIONS:** 

Probability of lump sum:

100%

Pre-Retirement Mortality:

N/A

Post-Retirement Mortality:

2012 Optional Combined

Mortality Table for Small Plans

Interest:

First Segment Rate:

5.54%

Second Segment Rate:

6.85%

Third Segment Rate:

7.52%

Withdrawal:

N/A

Disability:

N/A

Salary Scale:

None

Early Retirement Factor:

N/A

## SCHEDULE SB, PART V - STATEMENT OF PLAN PROVISIONS

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/12

to

12/31/12

### **ELIGIBILITY REQUIREMENTS:**

Minimum Age

21 years 0 months

Minimum Waiting Period:

12 months

### RETIREMENT:

Retirement Age:

62

Retirement Participation:

5

Retirement Service:

0

Retirment Date:

First of month following

### RETIRMENT BENEFIT:

Normal Form:

Life Annuity

Type of Formula:

Unit benefit non-integrated

Unit based type:

Service

Percentage of pay:

6.00%

Compensation method:

Highest 3 year average

Maximum years:

25

Do not count service prior to:

01/01/97

### ACCRUED BENEFIT:

Is the plan frozen:

No

Method

Fractional

Years based on:

Service

Maximum years:

None

Significant changes in plan provisions since last valuation: None

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

# SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID: 13-3524471

PLAN NUMBER: 001

PLAN YEAR: 01/01/12 to 12/31/12

Total	0	0	0	0	<del>-  </del>	0	0	$\vdash$	0	0	0	0
dn & o	0	0	0	0	0	0	0	0	0	0	0	С
5 to 39 4	0	0	0	0	0	0	0	0	0	0	0	С
to 34 3	0	0	0	0	0	0	0	0	0	0	0	C
Service 25 to 29 30	0	0	0	0	0	0	0	0	0	0	0	0
of Credited Service 20 to 24 25 to 2	0	0	0	0	0	0	0	0	0	0	0	
Years of 15 to 19	0	0	0	0		0	0	1	0	0	0	0
10 to 14	0	0	0	0	0	0	0	0	0	0	0	
5 to 9 1	0	0	0	0	0	0	0	0	0	0	0	C
1 to 4	0	0	0	0	0	0	0	0	0	0	0	C
Under 1	0	0	0	0	0	0	0	0	0	0	0	C
Attained Age on 01/01/2012	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 & Up	E (+ () E