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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

| | rt I | Annual Report Identification Information | 1 | | | | |
|------------|------------|--|------------------------------|-----------------------------|---------|--------------------------|-------------------|
| For o | calenda | | 1/2012 | and ending 0 | 3/31/2 | 2013 | |
| A T | his ret | urn/report is for: X a single-employer plan | a multiple-employer | plan (not multiemployer) | | a one-particip | oant plan |
| Вт | his ret | urn/report is: the first return/report | the final return/repor | t | | | |
| | | X an amended return/report | a short plan year retu | urn/report (less than 12 mo | onths) | | |
| C | Check b | ox if filing under: X Form 5558 | automatic extension | | | DFVC progra | ım |
| | | special extension (enter desc | cription) | | | _ | |
| Pa | rt II | Basic Plan Information—enter all requested in | formation | | | | |
| | Name (| • | | | 1b | Three-digit | |
| | | RONICS, INC. PROFIT SHARING PLAN | | | | plan number | |
| | | | | | 4 - | (PN) • | 001 |
| | | | | | 10 | Effective date of 04/01/ | • |
| 2a | Plan sr | onsor's name and address; include room or suite numb | er (employer, if for a singl | e-employer plan) | 2h | Employer Identif | |
| | | RONICS, INC. | , | ···· | | | 16154 |
| | | | | | 2c | Sponsor's telep | hone number |
| 140 O | LD SA | W MILL RIVER ROAD | | | | 914-773 | |
| HAW | IHORN | IE, NY 10532 | | | 2d | | see instructions) |
| 20 | DI | 1 | | O Addr | 2 h | 42399 | |
| Sa | Plan ac | dministrator's name and address XSame as Plan Spon | sor Name Same as Pi | an Sponsor Address | SD | Administrator's I | EIN |
| | | | | | 3с | Administrator's t | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 | If the n | ame and/or EIN of the plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4h | EIN | |
| • | | EIN, and the plan number from the last return/report. | the last return report mea | Tot allo platt, office allo | 710 | LIIV | |
| а | Sponso | or's name | | | 4c | PN | |
| 5a | Total n | umber of participants at the beginning of the plan year | | | 5a | | 9 |
| b | Total n | umber of participants at the end of the plan year | | | 5b | | 9 |
| С | | er of participants with account balances as of the end of ete this item) | | | 5c | | 8 |
| 6a | | all of the plan's assets during the plan year invested in | | | | | X Yes No |
| | Are yo | u claiming a waiver of the annual examination and repo | ort of an independent quali | fied public accountant (IQI | PA) | | |
| | | 29 CFR 2520.104-46? (See instructions on waiver eligi | | | | | X Yes No |
| | | answered "No" to either line 6a or line 6b, the plan | | | | | |
| | | penalty for the late or incomplete filing of this returnation of perjury and other penalties set forth in the instru | | | | | abla a Cabadula |
| | | dule MB completed and signed by an enrolled actuary, | | | | | |
| belie | f, it is t | rue, correct, and complete. | | · | | | - |
| SIGN | N | Filed with authorized/valid electronic signature. | 01/24/2014 | MARIE BEN AVI | | | |
| HER | E | Signature of plan administrator | Date | Enter name of individu | ual sig | ning as plan adn | ninistrator |
| SIGN | V | Filed with authorized/valid electronic signature. | 01/24/2014 | MARIE BEN AVI | | | |
| HER | E | Signature of employer/plan sponsor | Date | Enter name of individu | ual sic | ning as employe | r or plan sponsor |
| Prep | arer's i | name (including firm name, if applicable) and address; i | nclude room or suite numb | | | | number (optional) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Form 5500-SF 2012 Page **2**

| Part III Financial Information | | | | | | | | | | | |
|---|--|--|---|--|-----------------------------|-----------------------------|-------------------|--------|------------|--------------------------|---|
| Pa | | | | | I | | | | | | _ |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End of Year | | | | |
| <u>a</u> | Total plan assets | 7a | 50656 | | | | | 4 | 1539 | | _ |
| <u> </u> | Total plan liabilities | 7b | | 0 | | | | | | 0 | _ |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 50656 | 52 | 41 | | | 1539 | 7 | | |
| _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | otal | | | _ |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | | | |
| | | 8a(2) | | | | | | | | | T |
| | (2) Participants | | | 4685 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| | Other income (loss) | 8b | 1415 | oU . | | | | | | | _ |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 18835 | 5 | |
| u | to provide benefits) | 8d | 11000 | 0 | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | | |
| q | Other expenses. | 8g | | 0 | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1 | 1000 | 0 | _ |
| - ; | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -9116 | | _ |
| ÷ | Transfers to (from) the plan (see instructions) | | | 0 | | | | | 3110 | <u> </u> | |
| , Do | rt IV Plan Characteristics | 8j | | 0 | | | | | | | _ |
| | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Char- | actorio | tic Co | ndes in | the instruc | ione | | | _ |
| Ja | 2A 2E 2F 2G 2J 2R 3D | reature co | des from the List of Flam Chan | acteris | one oc | Jues III | ine mando | .10113 | • | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Charac | cterist | c Coc | des in t | he instruction | ons: | | | |
| | | | | | | | | | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| _ | During the plan year: | | | | Yes | No | | Amo | unt | | |
| а | Was there a failure to transmit to the plan any participant contribu | | | | | No | | Amo | ount | | |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | ection Program) | 10a | Yes | No | | Amo | ount | 468 | 5 |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | ciary Corr ? (Do not | ection Program)nclude transactions reported | | | No | | Amo | ount | 468 | 5 |
| b | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) | ciary Corr | ection Program)nclude transactions reported | 10b | X | | | Amo | ount | | |
| b | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? | ciary Corr? (Do not | ection Program) include transactions reported | | | | | Amo | ount | 468 | |
| b | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | ? (Do not i | ection Program) include transactions reported and, that was caused by fraud | 10b 10c | X | | | Amo | ount | | |
| c d | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | ? (Do not i | nclude transactions reported | 10b | X | X | | Amo | ount | | |
| c d | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | fidelity both | nclude transactions reported nd, that was caused by fraud s by an insurance carrier, | 10b 10c | X | X | | Amo | ount | | |
| c d | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other contributions and participant contributions and participant contributions. | fidelity borner persons of the benefits | nclude transactions reported and, that was caused by fraud as by an insurance carrier, sfits under the plan? (See | 10b 10c | X | X | | Amo | ount | | |
| c d | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | fidelity boner person of the bene | nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See | 10b 10c 10d | X | X | | Amc | ount | | |
| d e | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan | fidelity borner person of the bene | nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fifts under the plan? (See | 10b 10c 10d 10e | X | X | | Amc | ount | | 0 |
| d d | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a | fidelity borner person of the benear sof year e | nclude transactions reported and, that was caused by fraud as by an insurance carrier, affits under the plan? (See | 10b 10c 10d 10e 10f | X | X X X | | Amo | ount | 10000 | 0 |
| c d | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) | fidelity both | nclude transactions reported and, that was caused by fraud as by an insurance carrier, effits under the plan? (See | 10b 10c 10d 10e 10f | X | X | | Amo | ount | 10000 | 0 |
| c d | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) | fidelity both the benefit soft year et (See instru | nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See and.) | 10b 10c 10d 10e 10f 10g | X | X X X | | Amo | ount | 10000 | 0 |
| b c c d d e e f f g h | Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | fidelity both the benefit soft year et (See instru | nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See and.) | 10b 10c 10d 10e 10f 10g | X | X X X | | Amo | ount | 10000 | 0 |
| d e f g h | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Voluntary Fidure 10 Complete Provided | fidelity border personal fine | nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See and.) | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X | | Amo | bunt | 10000 | 0 |
| b c c d d e e f f g h | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem | fidelity both the person of the benefits of year experience required 1-3 | nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR d notice or one of the | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X dule SE | 3 (Form | Amo | Yes | 10402 | 5 |
| e f g h | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | fidelity both the benefit soft year of (See instrument required 1-3 | nclude transactions reported and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.) | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X dule SE | 3 (Form | Amo | | 10402 | 5 |
| f g h | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. | fidelity border personal soft year e (See instrument e required 1-3 | nclude transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X Adule SE | 3 (Form | Amo | Yes | 100000 10402 | 5 |
| e f g h | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions with any party-in-interest on line 10 CFR 2510.3-102? (Were the plan covered by a fidelity bond? | fidelity both fi | nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) actions and 29 CFR d notice or one of the fes," see instructions and come ants of section 412 of the Code | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X Adule SE | 3 (Form | Amo | | 100000 10402 | 5 |
| 6 d e e e e e e e e e e e e e e e e e e | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions with any party-in-interest on line 10 CFR 2510.3-102? (Were there any nonexempt transactions with any party-in-interest on line 10 CFR 2510.3-102. Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 11 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 12 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 12 h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 13 h was answered "Yes," check the box if you either provided the exceptions to provide the provided the exceptions to provide the provided the provided the provided the provided the provided the prov | fidelity both the benefit of the ben | ection Program) | 10b 10c 10d 10e 10f 10g 10h 10i | X X X Continuous Scheooline | X X X X Adule SE | 3 (Form ERISA? | | Yes | 100000 10402: X No | 5 |
| 6 d e e e e e e e e e e e e e e e e e e | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions with any party-in-interest on line 10 CFR 2510.3-102? (Were the plan covered by a fidelity bond? | fidelity both per personal fithe benefit soft year experience (See instrument requirements? (If """ requirements as applications applications of the second | ection Program) | 10b 10c 10d 10e 10f 10g 10h 10i | X X X Continuous Scheooline | X X X X Adule SE | 3 (Form ERISA? | | Yes Yes | 100000 10402: X No | 5 |
| 6 d d e e e e e e e e e e e e e e e e e | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10 CFR 2510.3-102? (See instructions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir | fidelity both fi | ection Program) | 10b 10c 10d 10e 10f 10g 10h 10i | X X X Continuous Scheooline | X X X X Adule SE 11a 302 of | 3 (Form ERISA? | | Yes Yes | 100000 10402: X No | 5 |

| | Form 5500-SF 2012 Page 3 - 1 | | | |
|------|--|------------------|------------|---------------------|
| | 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 | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | 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): | 1 3c(2) E | IN(s) | 13c(3) PN(s) |
| Part | VIII Trust Information (optional) | | | |
| | Name of trust | 14b ⊤ | rust's EIN | |

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

2012

This Form is Open to Public Inspection

| P | art I Annual Report Identific | ation Information | | | | | | |
|-----------------------|---|---|--|---|--|--|--|--|
| | calendar plan year 2012 or fiscal plan ye | | 04/01/2012 | and ending | 03/31/2013 | | | |
| Δ - | This return/report is for: | le-employer plan | a multiple-employer p | lan (not multiemployer) | a one-partici | oant plan | | |
| 3 | This return/report is: | st return/report | the final return/report | | | | | |
| | x an am | nended return/report | a short plan year retu | n/report (less than 12 m | onths) | | | |
| C (| Check box if filing under: | | DFVC progra | am | | | | |
| | | al extension (enter descriptio | n) | | | | | |
| P | art II Basic Plan Information | enter all requested infor | mation | | | | | |
| | Name of plan | onto di regocotea inter | manon, | | 1b Three-digit | | | |
| | ACE ELECTRONICS, INC. PRO | FIT SHARING PLAN | | | plan number (PN) ► | 001 | | |
| | | · · · · · · · · · · · · · · · · | | | 1c Effective date of | of plan | | |
| | | | | | 04/01/1992 | | | |
| а | Plan sponsor's name and address; inc ACE ELECTRONICS, INC. | lude room or suite number (| employer, if for a single | e-employer plan) | 2b Employer Ident (EIN) 13-36 | | | |
| | | | | | 2c Sponsor's telep (914) 773- | | | |
| | 140 OLD SAW MILL RIVER ROA | AD | | | 2d Business code | | | |
| | | 10532 | | | 423990 | | | |
| a | Plan administrator's name and address | s 🕱 Same as Plan Sponso | r Name 🔲 Same as | Plan Sponsor Address | 3b Administrator's | EIN | | |
| | | | | | | | | |
| | | | | | 3c Administrator's telephone number | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | If the name and/or EIN of the plan spo | | last return/report filed | for this plan, enter the | 4b EIN | * | | |
| | If the name and/or EIN of the plan spo name, EIN, and the plan number from Sponsor's name | | last return/report filed | for this plan, enter the | 4b EIN 4c PN | | | |
| | name, EIN, and the plan number from | the last return/report. | | | | 9 | | |
| | name, EIN, and the plan number from Sponsor's name Total number of participants at the beg Total number of participants at the end | ginning of the plan yeard of the plan year | | | 4c PN | 9 | | |
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| a a b c a b Urse be | name, EIN, and the plan number from Sponsor's name Total number of participants at the beg Total number of participants at the end Number of participants with account be complete this item) Were all of the plan's assets during the Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instit of you answered "No" to either line feation: A penalty for the late or incomplete penalties of perjury and other penalties or Schedule MB completed and signed lief, it is true, correct, and complete. Signature of plan administrators and signature of employer/plan sports. | ginning of the plan yeard of the plan year | plan year (defined ben e assets? (See instruction independent qualificand conditions.) ot use Form 5500-SF eport will be assessed ins, I declare that I have well as the electronic virial potential in the potential independent in the potential indep | efit plans do not ed public accountant (IQI and must instead use d unless reasonable car e examined this return/report Marie Ben-Avi Enter name of individual | 4c PN 5a 5b 5c PA) Form 5500. use is established. eport, including, if applit, and to the best of management of the best of the best of management of the best of the best of the best of the best of management of the best of the bes | 8 X Yes No X Yes No iicable, a Schedule by knowledge and iinistrator | | |

| Pa | rt III Financial Information | | | - | | | | |
|------|--|--------------|-----------------------------------|----------|-----------------|-----------|--------------|---|
| _ | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year | | | Year |
| _ | Total plan assets | 7a | 506,50 | | 415,397 | | | 415,397 |
| | Total plan liabilities | 7b | | 0 | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 506,50 | 5.2 | | | | 415,397 |
| _ | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | |
| | Contributions received or receivable from: | | | | 10047 | O.Co. | | Sen United |
| ألسه | (1) Employers | 8a(1) | | 0 | W.855 | City. | | certification by had |
| | (2) Participants | 8a(2) | 4,68 | _ | 14/11 | | 30 30 2 | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | The state | | | |
| | Other income (loss) | 8b | 14,1 | 50 | 100 | (1) | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 18,835 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 110,00 | 00 | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | B.J.S | I SHALLIN | Ken Wythrod |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | 313 | ALPTO LITTLE | Total Street |
| cate | Other expenses | 8g | | 0 | Dist | 100 | | AND |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 3411 | | | | 110,000 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | Joseph . | | | | (91,165) |
| 727 | Transfers to (from) the plan (see instructions) | 8j | | 0 | (len) | 870 | 105/100 | THE WAY WITH THE |
| | rt IV Plan Characteristics | -1 | | | | | | |
| b | If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions | | | | | | | |
| 10 | A STATE OF THE STA | | | | Yes | No | | Amount |
| a | During the plan year: Was there a failure to transmit to the plan any participant contributed the plan and DOL's Voluntary Fiduce. | | | 10a | х | 140 | | 4,685 |
| b | | ? (Do not ir | nclude transactions reported | 10b | | х | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | х | | | 100,000 |
| 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 oth insurance service or other organization that provides some or all instructions.) | of the bene | fits under the plan? (See | 10e | | х | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | nd.) | 10g | х | | | 104,025 |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | ` | | 10h | | х | | |
| 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 | | | | |
| Pa | rt VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) | | | | | | | Yes X No |
| 11: | a Enter the amount from Schedule SB line 39 | | | | | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 02 of | ERISA? | Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | | |
| a | | ng amortize | ed in this plan year, see instruc | | | | | |
| If | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | - American III. | | | | | 12b | | |
| N | | | | | | | | |

| | Form 5500-SF 2012 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 | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes [| □ No □ N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | ☐ Y€ | es X | No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | ontrol | | 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) t which assets or liabilities were transferred. (See instructions.) | 0 | | r - |
| | 13c(1) Name of plan(s): 13c | (2) EIN | s) | 13c(3) PN(s) |
| | | | | |
| Parl | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 14b T | rust's EIN | 1 |
| | | | | |

5500-SF Electronic Filing Authorization

Plan Name: ACE ELECTRONICS, INC. PROFIT SHARING PLAN

EIN/PN:

13-3616154/001

Plan Year: 04/01/2012 - 03/31/2013

I hereby authorize Charles Stipelman, FSPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

| Plan Administrator | Plan Sponsor |
|--------------------|--------------|
| 12 | |
| (sign) | (sign) |
| 1/23/14 | |
| (date) | (date) |