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				
For o	calenda	ar plan year 2012 or fisc <u>al</u> plan year beginning 06/01/2012 and ending	05/3	1/2013		
A 1	This ret	urn/report is for: a single-employer plan a multiple-employer plan (not multiempl	oyer)	a one-partici	pant plan	
ВТ	his ret	urn/report is: the first return/report the final return/report				
		an amended return/report a short plan year return/report (less than	12 month	ns)		
C	Check b	pox if filing under: X Form 5558 automatic extension		DFVC progra	am	
		special extension (enter description)				
Pa	rt II	Basic Plan Information—enter all requested information				
	Name o		1	b Three-digit		
		RSHIP CORPORATION PENSION PLAN AND TRUST	'	plan number		
				(PN) ▶	001	
			10	c Effective date of	f plan	
					/1982	
FPC (Plan sp OWNER	consor's name and address; include room or suite number (employer, if for a single-employer plan) RSHIP CORPORATION	2	2b Employer Identification Number (EIN) 11-2464856		
			2	C Sponsor's telep		
111 G GRE <i>F</i>	REAT AT NEC	NECK ROAD CK, NY 11021	2	d Business code		
		<u> </u>		53139		
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Addres	s 3	b Administrator's	EIN	
			3	C Administrator's	telephone number	
4		ame and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter	the 4	b EIN		
а		EIN, and the plan number from the last return/report. or's name	4	C PN		
		number of participants at the beginning of the plan year			3	
b	Total n	number of participants at the end of the plan year			3	
С	Numbe	er of participants with account balances as of the end of the plan year (defined benefit plans do not				
		ete this item)	5	С		
6a		all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			X Yes No	
b		tu claiming a waiver of the annual examination and report of an independent qualified public accounts			X Yes ☐ No	
		29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instea			M 163 140	
Cour						
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret			able a Schedule	
SB c	or Sche	dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, rue, correct, and complete.				
	•	· · · · · · · · · · · · · · · · · · ·	=10.4::=			
SIGN Filed with authorized/valid electronic signature. 02/25/2014 SHELDON STREISA HERE						
		Signature of plan administrator Date Enter name of i	ndividual :	signing as plan adr	ninistrator	
SIGI						
HERE Signature of employer/plan sponsor Date Enter name of individ						
Prep	arer's ı	name (including firm name, if applicable) and address; include room or suite number (optional)	Pr	eparer's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>		_			
Par	<u> </u>		1 () = 1		1		#N = 1 4 M	
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a 	20661	2			201312	
	Total plan liabilities	7b	00004	0			201010	
	Net plan assets (subtract line 7b from line 7a)	7c	206612				201312	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-35	i3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-353	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	494	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4947	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-5300	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A							
b	b 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	Amount	
а								
b		? (Do not	include transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
d		fidelity bo	nd, that was caused by fraud	10d		Χ		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a					Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
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	ne require	d notice or one of the	10ii				
Part	1 1 5 11	1-0		101				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					1a		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		ı			
<u>b</u>	Enter the minimum required contribution for this plan year				1	2b		

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			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)	13c(3) 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

					actuoiii	101111 10	 0. (.				
For	calendar	plan year 201	12 or fiscal pla	n year beginning	06/01/2012			and end	ling 05/3	1/2013		
•	Round o	ff amounts to	nearest doll	ar.								
•	Caution:	A penalty of \$	\$1,000 will be	assessed for late fil	ing of this repor	rt unless reasc	nable ca	use is establish	ned.			
A 1	Name of p	lan						B Three-d	igit		004	
FP(OWNER	RSHIP CORPO	ORATION PE	NSION PLAN AND	TRUST			plan nur	mber (PN)	•	001	
								D				
		sor's name as		e 2a of Form 5500 o	or 5500-SF			D Employer	r Identificat	ion Number (EIN)	
FFC	OWNER	CORPC	JRATION					11-2464856				
				. 🗆				1	П			
	ype of pla	ın: X Single	Multiple-	A Multiple-B	F	Prior year pla	n sıze: X	100 or fewer	101-50	00 More t	han 500	
Pa	art I	Basic Infor	mation									
1	Enter th	e valuation da	ate:	Month 06	Day <u>01</u>	Year _2	2012	_				
2	Assets:											
	a Marke	et value							2a			206612
	b Actua	rial value							2b			206612
3	Funding	target/partici	pant count bre	eakdown:			(1) N	umber of partic	ipants	(2)	Funding Targe	et .
	a For re	etired participa	ants and bene	iciaries receiving p	ayment	3a		· · · · · · · · · · · · · · · · · · ·	1			113060
	b For te	erminated ves	ted participant	S		3b						
	C For a	ctive participa	nts:									
						3c(1)						
	(2)					2 (2)						75648
	(3)					2 (2)			2			75648
	. ` ′								3			188708
4				the box and compl				П				
•								_	4a			
				cribed at-risk assun								
				ssumptions, but dis e consecutive years					4b			
5						<u> </u>			5			6.82 %
6	Target	normal cost							6			
		/ Enrolled Ac										
	Fo the best o	, of my knowledge, tl	he information sup	plied in this schedule and								
				n my opinion, each other a experience under the pla		nable (taking into ac	count the e	xperience of the pla	n and reasona	ble expectations)	and such other as:	sumptions, in
C	IGN											
_	ERE									02/20/2	014	
- 11			Ci	rooture of cotuery							.014	
Signature of actuary ARTHUR E. TEILER, ASA						Date	1.57					
AKI	HUK E. I	EILER, ASA	T						NA 1	11-011		
Type or print name of actuary						Most re	ecent enrollm					
PEN	SION TA	X STRATEGI	ES, INC.					- <u> </u>			31-7970 	
143	O BROAD	WAY, SUITE	1509	Firm name				1	elephone i	number (inclu	ıding area cod	e)
		NY 10018	1000									
			Δ	ddress of the firm				_				
lf tha	actuan: L	age not fully "a	offeeted any	gulation or ruling as	romulantod usd	or the statute	in comple	ting this sohed	ulo chock	the hey and	500	П
	actuary r ictions	ias not fully re	medied any re	gulation or ruling p	iomuigated und	ei ilie statute i	ii comple	ung mis sched	uie, check	the box and	see	Ш

Page	2	_

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Baland	es						
	•						(a) (Carryover balance		(b) I	Prefundi	ing balance
7		_	•		cable adjustments (line 13 f							
8			•	-	funding requirement (line 35							
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)								
10	Interes	t on line 9	using prior year's	s actual ret	turn of <u>5.79</u> %							
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:							
	a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)							
					interest rate of5.49 %							0
C Total available at beginning of current plan year to add to prefunding balance												
d Portion of (c) to be added to prefunding balance												
12	Other r	eductions	s in balances due	to election	s or deemed elections							0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											
P	art III	Fun	ding Percenta	ages								
14	14 Funding target attainment percentage							14	109.49 %			
15	15 Adjusted funding target attainment percentage								15	109.49 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	113.05 %			
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							17	0.00 %				
P	Part IV Contributions and Liquidity Shortfalls											
18	18 Contributions made to the plan for the plan year by employer(s) and employees:											
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer((c) Amount paid by employees		
											1	
						Totals ►	18(b)			18(c)		
19			•		tructions for small plan with			•				
	_				nimum required contributions				19a			
b Contributions made to avoid restrictions adjusted to valuation date												
					uired contribution for current y	ear adjusted t	to valuation	n date	19c			
20		,	outions and liquidit	•					L		г	1, 0
		•	-		the prior year?						 -	」Yes X No
					y installments for the current		-	manner?	Г		<u> </u>	Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a			n voor				
		(1) 19	st		Liquidity shortfall as of e	u oi quarter	or this pia	n year 3rd			(4) 4tl	n
		. ,			• •		. ,					

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, full	yield	curve	used
	b App	licable month (enter code)			21b				3
22	Weigh	ted average ret	irement age			. 22				70
23	Mortal	ity table(s) (see	e instructions) X Pre	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•		uarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment			Yes	X No
27			o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				
29	(line 19a)									
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)					. 30				
Pa	Part VIII Minimum Required Contribution For Current Year									
31			nd excess assets (see instruct			T				
	a Targ	et normal cost	(line 6)			31a 31b				
	b Excess assets, if applicable, but not greater than line 31a									
32	2 Amortization installments: Outstanding Ba				ance	Ins	stallm	ent		
33				ter the date of the ruling letter gra and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				
				Carryover balance	Prefunding bala	ince	Tota	al bala	ance	
35			use to offset funding							
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				
37	Contrib (line 1	outions allocate 9c)	d toward minimum required co	ontribution for current year adjuste	ed to valuation date	37				
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	I (excess, if any	, of line 37 over line 36)			. 38a				
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	. 38b				
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				line 37)	. 39				
40			•	S		. 40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected				[2 plus 7 years	S	15 y	/ears
	b Eligi	ble plan year(s	for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	nt of acceleratio	n adjustment			. 42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43			_	

FPC Ownership Corporation Pension Plan

VALUATION AS OF 06/01/2012

Summary of Actuarial Method and Assumptions

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 5.54%
Second Segment: 6.85%
Third Segment: 7.52%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.93%
Second Segment: 4.95%
Third Segment: 6.07%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2012 430(h)(3)(A)-Optional combined

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate
Mortality Table 1994 GAR PROJ 2002

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2012 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5% Effective annual rate

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration**

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 €058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to **Public Inspection**

Pens	ion Benefit Guaranty Corporation	► Complete all entries in accorda	ince with the instru	ictions to the Form 5500-S	F. Public inspection
	Annual Report	Identification Information			
For ca	ilendar plan year 2012 or fisc	al plan year beginning	6/1/2012	and ending	5/31/2013
	is return/report is for:	X a single-employer plan	==	oyer plan (not multiemployer	a one-participant plan
B Th	is return/report is:	the first return/report	the final return/	report	
C Ch	eck box if filing under:	an amended return/report X Form 5558 special extension (enter description	automatic exter	ar return/report (less than 12	months) DFVC program
	Rasic Plan Info	prmation—enter all requested inform			
1a	Name of plan	ormation—enter all requested inform	auon		Three-digit plan number
FPC C	WNERSHIP CORPORAT	TON			(PN) ▶ 001
PENS	ION PLAN AND TRUST				C Effective date of plan 6/1/1982
2a	Plan sponsor's name and ac	idress; include room or suite number (e	mployer, if for a sing	le-employer plan) 2	b Employer Identification Number (EIN) 11-2464856
FPC C	OWNERSHIP CORPORAT	TION		51	Sponsor's telephone number 6-487-0600
	REAT NECK ROAD IT NECK	NY 110	021	53	Business code (see instructions)
	Plan administrator's name and				b Administrator's EIN
Same				3	C Administrator's telephone number
		e plan sponsor has changed since the	st ret rn/report filed	for this plan, enter	b EIN
		number from the last return/report.		4	C PN
	Sponsor's name	at the beginning of the plan y r	, '	5	
		at the end of the plan year		5	
C		account balances as of the end of the p		nefit plans do not	С
		during the plan year a vested in eligible			X Yes No
b	Are you claiming a waiver of	the annual examination and report of a community (See instructions on waiver eligibility a	ın independent quali	fied public accountant (IQPA) — —
		ither line 6a or line 5b, the plan canr	•		Land Land
		te or incomplete ming of this return/			
Under	penalties of perjury and other	er penal es set orth in the instructions,	I declare that I have	examined this return/report,	including, if applicable, a Schedule
	Schedule MB completed and it is true, correct, and completed and complete and compl		as the electronic ver	rsion of this return/report, and	I to the best of my knowledge and
	Tudous	Min !	2/25/2014	Sheldon Streisand	
	Signature of plan adm	in grator	Date,	A .	igning as plan administrator
			2/25/2014	Sheldon Streisand	gg
180.00	Muldery				igning as employer or plan sponsor
Drons	Signature of employe	me, if applicable) and address; include	room of suite humb		reparer's telephone number (optional)
iiope	area e name (moduling intil the	gno, ii applicasio) and address, include	. John yr danid Hailib	(
				•	

	Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
	Total plan assets	7a		20	6,612		201,312
<u>b</u>	Total plan liabilities	7b			0		0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		20	6,612		201,312
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from:						(5) 10001
	(1) Employers	8a(1)			0		
	(2) Participants				0		
	(3) Others (including rollovers)				0		
<u>b</u>	Other income (loss)	8b			-353		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-353
d	Para (more and amount of and moderation profittion)						
	to provide benefits)	8d			4, 47		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	- 8e			1		
I_	Administrative service providers (salaries, fees, commissions)	. 8f]_		
	Other expenses						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						4,947
	Net income (loss) (subtract line 8h from line 8c)	1					-5,300
	Transfers to (from) the plan (see instructions)	8					
	Plan Characteristics						
9 a	If the plan provides pension benefits, enter the applicable pension	feature code	es comme List of Plan (Characte	eristic C	odes i	n the instructions:
b	If the plan provides welfers benefits and all the state of the state o						
	If the plan provides welfare benefits, enter the applicable welfare fe	eature core	s from the last of Plan Cl	haracter	istic Co	odes in	the instructions:
	Compliance Questions	—					·
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions w	itt o me time	nerind described		100	140	Allocalit
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduriary	prrectic P	rogram)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest.	Do not inc	lude transactions				
	reported on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?	—		10c		X	
d	Did the plan have a loss, whether or not reimbursed by are larn froud or disherent (2)	idelity bond	, that was caused by			х	
•	fraud or dishonesty?	or noreone b	w an incurance	10d		^	
_	Were any fees or commissions paid to any brokers age to or other 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	
<u> </u>	Did the plan have any participant loans? (II. Yes, enter amount as			10g		Х	
n	If this is an individual account plan, was there a blackout period? (\$	See instruct	ions and 29 CFR	ا 🚛 ا		х	
i	2520.101-3.)			10h		^	
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	once or one or the	10i			
	Pension Funding Compliance						
11	Is this a defined benefit plan said to minimum funding requirements 500) and line 11a below)	ents? (If "Ye	s," see instructions and	complet	e Sche	dule Si	B X Yes No
11a	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding require						Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				- +1 mil		1 1 100 X 140
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	l in this plan year, see in	struction	ns, and	enter t	
						Jay	
-	you completed line 12a, complete lines 3, 9, and 10 of Schedu				- T	401	
	Enter the minimum required contribution for this plan year				····· <u>·</u>	<u> 12b</u>	

FPC Ownership Corporation Pension Plan

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: FPC OWNERSHIP CORP. PENSION PLAN

Plan EIN: 11-2464856 Plan Number: 001

The weighted average retirement age of 70 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

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

2012

This Form is Open to Public Inspection File as an attachment to Form 5500 er 5500-SF

For calendar plan year 2012 or fiscal plan year beginning	6/1/2012	and ending	5/31/2013
Round off amounts to nearest dollar.			
Caution: A penalty of \$1,000 will be assessed for late filing of this	report unless reasonab	le cause is established.	
A Name of plan		B Three-digit	
FPC OWNERSHIP CORPORATION PENSION PLAN AND TRUS	Т	plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Lentin etic	an Jumber (EINI)
		D Employed antina in	Silfacimosi (E114)
FPC OWNERSHIP CORPORATION	:	11-2404956	
E Type of plan: X Single Multiple-A Multiple-B	F Prior year plan siz	ze: X 10 or fewer 101-500	More than 500
Basic Information		Total	More than 500
1 Enter the valuation date: Month 06 Day	01 Year 20	012	
2 Assets:	1001 20		
a Market value		20	
b Actuarial value	•	2a 2b	206,612
3 Funding target/participant count breakdown:		—————————	206,612
a For retired participants and beneficiaries receiving payment	3	Number of participants	(2) Funding Target
b For terminated vested participants		1	113,060
c For active participants:	35		0
(1) Non-vested benefits	c(1)		
(2) Vested benefits	3 3 1		
(3) Total active			75,648
d Total	3d	2	75,648
4 If the plan is in at-risk status, check the box and complete lines (a) a		3	188,708
a Funding target disregarding prescribed at-risk assumptions			
	•	4a	
b Funding target reflecting at-risk assumptions, but diagram ag t in at-risk status for fewer than five consecutive years and disreg	ransition rule for plans	that have been 4b	
5 Effective interest rate		5	6.82%
6 Target normal cost		6	0.0276
Statement by Enrolled Actuary			
To the best of my knowledge, the information supplied in this another an accompanying school accordance with applicable law and regulations. In my opinion, each other assumption is reason.	edules, statements and attachn	nents, if any, is complete and accurate. Each experience of the plan and reasonable exped	prescribed assumption was applied in
combination, offer my best estimate of anticipated experience under the plan.		experience of the plant and reasonable exper	tations) and such other assumptions, in
Ortun & Tei	ler		
		2/2	0/2014
Signature of actuary			Date
Arthur E. Teiler, ASA		1101157	
The or fint name of actuary	•	Most recent e	nrollment number
Pension Tax Strategies, Inc.	·.	212-681-7970	
Firm name		'Telephone numbe	r (including area code)
430 Broadway, Suite 1509		•	
lew York NY	10018		•
Address of the firm			
the actuary has not fully reflected any regulation or ruling promulgated unstructions	nder the statute in comp	pleting this schedule, check the be	ox and see
or Paperwork Reduction Act Notice and OMB Control Numbers, se	e the instructions for	Form 5500 or 5500 SE S	chodulo SP /Form 5500) 2042

	Schedule S	B (Form	5500)	2012
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Page	2-	

	Beg	inning of Yea	r Carryov	er Prefunding Bala	ances		<u></u>				
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						(b) Prefunding balance				
8	Portion elected for use to offset prior year's funding requirement (line 35 from						0		(
9	Amount remain	prior year)						0		(
10	Interest on line	Amount remaining (line 7 minus line 8)					0	· · · · · · · · · · · · · · · · · · ·			
11				to prefunding balance:	9%						
• •											
	b interest on	Interest on (a) using prior year's effective interest rate of 5.49% except							0		
	as otherwis	as otherwise provided (see instructions)							0		
	C lotal availal	ble at beginning of	f current plar	year to add to prefundin	ng balance			7	0		
	d Portion of (d	c) to be added to p	refunding ba	alance							
12	Other reductions	s in balances due	te elections	or deemed elections							
13	Balance at begin	nning of current ye	ear (line 9 + l	ine 10 + line 11d – line 12	2)					0	
	Fund	ding Percenta	ges							0	
14	Funding target a	ttainment percent	age					1	4		
15	Adjusted funding	target attainment	t percentage							109.49%	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding parages my be used to reduce					1:		109.49%			
17	If the current value of the assets of the plan is less than 70 percent of the funding target, emps such percentage						113.05%				
	Cont	ributions and	Liquidity	Shortfalls	1	coon percentage		1	<u> </u>	%	
18	Contributions ma	ade to the plan for	the plan yea	ar by employer(s) and em	unkyone:			-			
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a) Date	(b) Amount pa	id by	(2) 4			
(IV	MM-DD-YYYY)	employer	(s)	employees	MM-DD-YYYY	employer(s)		(c) Amount paid by employees			
					_						
					1						
					/						
										· · · · ·	
40				en en <u>en en en en en en en en en en</u>	Totals ▶ 18	(b)	0	18(c)		0	
19	Discounted empl	loyer contributions	- see instru	octions for small plan with	a valuation date afte	r the beginning of the y	0.05				
a Contributions allocated toward unpaid minima a required contributions from prior years								0			
	b Contributions made to avoid restrictions adjusted to valuation date										
	c Contributions	allocated toward r	minimum	uir d contribution for curr	rent year adjusted to	valuation date	19с			0	
20	Quarterly contrib	utions and liquidity	y scort all	-							
	a Did the plan have a "funding shortfain to the prior year?								es X No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								, 7			
	c If line 20a is "			plete the following table a					Y	es No	
Liquidity shortfall as of end of quarter of this plan year											
(1) 1st				(2) 2nd	(3) 3rd		(4) 4th				
							1				

D	2
rage	J

٠.	Assumptions Used to Determine	Funding Target and Tar	get Normal Cost							
21	count rate:									
	a Segment rates: 1st segment: 5.54%	2nd segment 3rd segmen 6.85% 7.			ent: 7.52% N/A, full yield c			:urve used		
	b Applicable month (enter code)			21b	3					
22	Weighted average retirement age			22					70	
23	Mortality table(s) (see instructions)	Prescribed - combined	Prescribed - separate	Sub	stitute	€				
, i ,	Miscellaneous Items				,					
24	Has a change been made in the non-prescribed a	ctuarial assumptions for the curre	nt plan year? If "Yes," see ir	struction	reg	arding req	uired		_	
	attachment				1		<u> </u>	es 2	<u>√</u> No	
25	Has a method change been made for the current	plan year? If "Yes," see instruction	ns regarding required attach	me			Y	es [K No	
26	Is the plan required to provide a Schedule of Activ	re Participants? If "Yes," see instru	actions regarding required	ici me		<u> </u>	Y	es [K No	
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment									
	Reconciliation of Unpaid Minimu	um Required Contribution	ns For Prior Tears							
28	Unpaid minimum required contributions for all price	or years		28					0	
29	Discounted employer contributions allocated towa (line 19a)			29					0	
30	Remaining amount of unpaid minimum required o	ontributions (line 28 minus line 29)	30					0	
	Minimum Required Contribution	For Current Year								
31	Target normal cost and excess assets (see instruc	ctions):								
	a Target normal cost (line 6)			31a		0				
	b Excess assets, if applicable, but not greater th	an line 31a		31b		0				
32	Amortization installments:	eation installments: Outstanding Ba			Installment					
	a Net shortfall amortization installment									
	b Waiver amortization installment									
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day) and the waived mount			33						
34	Total funding requirement before reflecting carryo	ver/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34					0	
		Carryover balance	Prefunding bala	nding balance			Total balance			
35	Balances elected for use to offset funding									
	requirement			36					0	
36 37	Additional cash requirement (line 34 minus line 35								0	
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)								0	
38	Present value of excess contributions for urrent	ear (see instructions)		00-						
	a Total (excess, if any, of line 37 overline 3	of profunding and funding stands	ad agento to the leader	38a 38b	-				0	
39	b Portion included in line 38a attrib table to use of prefunding and funding standard carryover balances				+				0	
40	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)								0	
40	Unpaid minimum require control of all years								0	
41	If an election was made to use PRA 2010 funding		(See manuchons)							
7!	a Schedule elected		<u> </u>			2 plus 7	loare	7 44		
					2000	<u></u>			years	
42	b Eligible plan year(s) for which the election in lin	· · · · · · · · · · · · · · · · · · ·			2008	2009	²⁰	10 _	2011	
42	Amount of acceleration adjustment		· · · · · · · · · · · · · · · · · · ·	42	+					
43	Excess installment acceleration amount to be carr	ied over to idture plan years	• • • • • • • • • • • • • • • • • • • •	43	1					

FPC Ownership Corporation

Pension Plan

VALUATION AS OF 06/01/2012

Summary of Plan Provisions

Plan Effective Date June 1, 1982

Plan Anniversary Date June 1, 2012

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date 01/01 or 07/01 nearest the satisfaction of the participation requirements

Normal Retirement Date First day of the month coincident with or following age 62 and the completion of

5 years of participation

Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit 1.8% per year of service times comp

Maximum total years of service: 25 Maximum years of past service: 0

IRC415 maximum annual benefit: \$195,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service excluding increases

in final 3 years

Annual salary up to \$250,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount 100 times the normal retirement benefit

Minimum death benefit: \$2,000.00

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years) Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on service

Maximum number of years of past credited benefit accrual service is 0