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.

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part		rt Identification Information						
For cale	For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014							
A This	return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	r) a one-participant plan			
B This	return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check box if filling under: Form 5558 automatic extension						DFVC progra	ım	
		special extension (enter descr						
Part	Basic Plan In	formation—enter all requested info	· /					
	ne of plan	Territariori dinerali requestes ilin	omaton		1b	Three-digit		
		ES 401K PROFIT SHARING PLAN				plan number		
					4 -	(PN) •	001	
					1C	Effective date of 04/01/	•	
2a Pla	sponsor's name and	address: include room or suite numbe	er (employer if for a single-	employer plan)	2h	Employer Identif		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RAC HOLDING INC						(EIN) 16-09		
					2c	Sponsor's telephone number		
	JTH BAY ROAD					315-455	5-1001	
SYRACL	SE, NY 13212-3837				2d		see instructions)	
		🖂	🗖		O.L.	53210		
3a Pla	n administrator's name	and address XSame as Plan Spons	or Name Same as Plar	Sponsor Address	3D	Administrator's E	ΕIN	
					3с	Administrator's t	telephone number	
4 If t	e name and/or FIN of	the plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4h	EIN		
		number from the last return/report.	are race returns report mea re	or this plan, enter the	70	LIN		
a Spo	nsor's name				4c	PN		
5a To	al number of participan	its at the beginning of the plan year			5a		30	
b To	al number of participan	ts at the end of the plan year			5b		29	
		h account balances as of the end of t		-	5c		20	
	•	ets during the plan year invested in el		•			X Yes No	
		of the annual examination and report					M 163 140	
un	der 29 CFR 2520.104-4	6? (See instructions on waiver eligibi	lity and conditions.)				X Yes No	
		either line 6a or line 6b, the plan c						
C If the	e plan is a defined ber	nefit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution	: A penalty for the lat	e or incomplete filing of this return	report will be assessed	unless reasonable cau	se is	established.		
		other penalties set forth in the instruc						
	chedule MB completed is true, correct, and co	and signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report,	, and t	to the best of my	knowledge and	
DOI:01, 11				1				
SIGN	Filed with authorize	ed/valid electronic signature.						
HERE	Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor	
Prepare	r's name (including firm	n name, if applicable) and address; in	clude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information							
7	Plan Assets and Liabilities	(a) Baninning of Vac					(b) Fuel of Voca	
a	Total plan assets	7a	(a) Beginning of Yea			(b) End of Year 322400		
<u>a</u>	Total plan liabilities	7b	559				3687	
	Net plan assets (subtract line 7b from line 7a)	76 7c	27241				318713	
8	, , ,			-				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers							
	(2) Participants	8a(2)	1526	15265				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	2587	25874				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					46817		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49	3				
е	Certain deemed and/or corrective distributions (see instructions)							
_								
<u>'</u>	f Administrative service providers (salaries, fees, commissions) 8f							
<u>g</u>	Other expenses (add lines of the section)	. 8g					E40	
-!	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					518 46299	
÷	Net income (loss) (subtract line 8h from line 8c)	. 8i					40299	
	, , , , , ,	8j						
	t IV Plan Characteristics	<u> </u>						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	teature co	des from the List of Plan Char	acteris	stic Co	ides in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Par	V Compliance Questions							
					Yes	No	A	
10	During the plan year:	tione within	n the time period described in	l	162	NO	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
	•				X			
<u>c</u>				10c			25000	
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 instructions.)			10e	X		1077	
f				10f		X	1011	
g				10g	Χ		20455	
h		•		J		X		
	2520.101-3.)			10h				
	exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding		, ,			302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
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		, and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊅ay	I Cal	
	Enter the minimum required contribution for this plan year	2 (1. 51	to into to			12b		

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the 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 coof 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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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-SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instr	uctions to the Form 550	0-SF.	111	spection	
P	art I Annual Report	Identification Information						
For	calendar plan year 2013 or fis	cal plan year beginning	04/01/2013	and ending	03/3	1/2014		
Α	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan			
В	This return/report is:	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
С	Check box if filing under:	Form 5558	automatic extension			FVC progra	m	
	•	special extension (enter descrip	otion)		_			
D	art II Basic Plan Info	rmation enter all requested in	oformation					
	Name of plan	Thation - ener an requested in	ilomation		1b Thre	ee-digit		
	DAC HOLDING INC EM			number	001			
	RAC HOLDING INC EMP	PLOYEES 401K PROFIT SHAR	ING PLAN		(PN	ective date of		
					II .	/01/1981	pian	
<u>2a</u>	Plan sponsor's name and ad	dress; include room or suite number	e-employer plan)	† <u></u>		fication Number		
	RAC HOLDING INC				1	N) 16-099		
					2c Spo	nsor's telepl	hone number	
	5400 SOUTH BAY ROAD)			(31	(315) 455-1001		
							(see instructions)	
US		NY 13212-3837			<u> </u>	2100 		
3a	Plan administrator's name ar	nd address X Same as Plan Spor	nsor Name Same as	Plan Sponsor Address	3b Adm	ninistrator's I	ΞIN	
					3c Adm	ninistrator's t	telephone number	
4	16 Ab		a last rationalization and filed	for this plan, ontor the	4b EIN			
4		e plan sponsor has changed since the nber from the last return/report.	ie iast return/report liled	for this plan, enter the	40 EIN	-		
а	Sponsor's name				4c PN			
_		at the beginning of the plan year	***************************************	***************************************	5a		30	
b	* *	at the end of the plan year			5b		29	
¢	Number of participants with a	account balances as of the end of th	e plan year (defined ber	nefit plans do not	_			
_					5c		20	
	·	during the plan year invested in elig		***************************************		************	X Yes No	
b		the annual examination and report of (See instructions on waiver eligibility)					X Yes No	
		ther line 6a or line 6b, the plan ca		and must instead use I			M les □ NO	
r		it plan, is it covered under the PBGC					Not determined	
<u> </u>								
		or incomplete filing of this return						
		her penalties set forth in the instruct nd signed by an enrolled actuary, as						
	lief, it is true, correct, and com		,		.,	, , , , , , , , , , , , , , , , , , , ,		
		1	9.12.14	anisyla Re	occs			
	IGN Signature of plant add	pictrator	Date	Enter name of individua		s nlan admir	nistrator	
- '	Sign Rate of propagati	Juis Hatoi	, , , , , , , , , , , , , , , , , , , ,			,	iistrator	
******	IGN		9.12.14	Knisto, she	TUCC			
	ERE Signature of employer	·	Date	Enter name of individua	, 	···	<u> </u>	
Pr	eparer's name (including firm r	name, if applicable) and address; inc	aude room or suite numi	pei (optional)	reparers	s telephone i	number (optional)	
							1.0	
					I	errender and de la company	ACCOUNT OF THE PARTY OF THE PAR	

Р	art III Financial Information			_						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r ((b) End	(b) End of Year		
а	Total plan assets	7a	278,006			322,400				
b	Total plan liabilities	7b	5,5					3,687		
С	Net plan assets (subtract line 7b from line 7a)							318,713		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount				(b) Total					
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	5,6		-	The second secon				
	(2) Participants			65						
b	(3) Others (including rollovers)									
<u>c</u>	25,6									
<u>d</u>	(=====================================				46,817					
	to provide benefits)	8d	4	93				4.0		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		25				200		
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						518		
<u>i</u>	i Net income (loss) (subtract line 8h from line 8c)						46,299			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feat	ature code	s from the List of Plan Characte	eristic	Code	es in th	ne instructio	ins:		
	2A 2E 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Character	istic	Codes	s in the	instruction	s:		
Pa	Part V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	ons within ary Correc	the time period described in stion Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		х				
c				10c	х			25,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's find reimbursed?	delity bond	d, that was caused by fraud	10d		x				
е		r persons	by an insurance carrier.							
	instructions.)	••••••	······································	10e	x			1,077		
f	Has the plan failed to provide any benefit when due under the plan?			10f		х				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х			20,455		
h 	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 29 CFR							
		***************	***************************************	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the	required i	notice or one of the			х				
i Par	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required i	notice or one of the	10h 10i		х				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-2011. TO VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement.	required i	notice or one of the	10i ete S	chedu	le SB	(Form	Vec V No		
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- **T VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	required i 3nts? (If "Ye	notice or one of the	10i ete S		ile SB	(Form	☐ Yes ☒ No		
11 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-: If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from	required i 3nts? (If "Ye	notice or one of the es," see instructions and comple e SB (Form 5500) line 39	10 i ete S		ile SB	•••••••			
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TO IVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding regular requirement.	required i 3nts? (If "Ye m Schedul quirement	e SB (Form 5500) line 39s of section 412 of the Code or	10 i ete S		ile SB	•••••••	Yes X No		
Pai 11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TEVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding re (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	required if 3	es," see instructions and complements of SB (Form 5500) line 39s of section 412 of the Code or ole.)	10i ete S	on 30	lle SB 11a 2 of Ef	RISA?	Yes X No		
11 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TO IN Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding recompliance (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a 1f a waiver of the minimum funding standard for a prior year is being	nts? (If "Ye	e SB (Form 5500) line 39s of section 412 of the Code or ole.)	ete S	on 30	11a 2 of Effective the	RISA?	Yes X No		
Par 11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding received (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a 1f a waiver of the minimum funding standard for a prior year is being granting the waiver	nts? (If "Ye n Schedul quirement amortized	es," see instructions and complements of section 412 of the Code or ole.) In this plan year, see instructions and complements of section 412 of the Code or ole.)	ete S	on 30	11a 2 of Effective the	RISA?	Yes X No		
Par 11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TO IN Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding recompliance (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a 1f a waiver of the minimum funding standard for a prior year is being	nts? (If "Ye n Schedul quirement s applicab amortized	e SB (Form 5500) line 39s of section 412 of the Code or ole.) If in this plan year, see instruction Monton 5500), and skip to line 13.	ete S secti	on 30	11a 2 of Effective the	RISA?	Yes X No		