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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	➤ Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.	Ins	spection
Part I	Annual Report	Identification Information	dance with the mone				
		scal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the first return/report X	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths))	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)			_	
Part II	Basic Plan Info	rmation—enter all requested inform	nation				
1a Name					1b	Three-digit	
	EL INC. RETIREMENT	TRUST				plan number	
						(PN) •	001
					1c	Effective date of	•
20 Dlan a		due en include versus en evite versus ber			OI-		/2002
RONSCO D		dress; include room or suite number (employer, ir for a single	-employer plan)	2D	Employer Identi (EIN) 13-35	S24471
					2c	Sponsor's telep	hone number
312 FIFTH	AVENUE, 4TH FLOOR					212-62	7-0500
NEW YORK	K, NY 10001				2d	Business code	(see instructions)
3a Plan a	administrator's name ar	nd address Same as Plan Sponsor I	Name Same as Pla	n Sponsor Address	3b	Administrator's	
					30	Administrator's	telephone number
					30	Administrators	telephone number
		e plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	EIN	
	•	mber from the last return/report.			40	DN	
	sor's name	at the beginning of the plan year			4c	PN T	
_					5a		2
		at the end of the plan yearat the end of the			5b		0
		account balances as of the end of the	. , ,	•	5с		
_	•	s during the plan year invested in eligib	,	*			X Yes No
		the annual examination and report of (See instructions on waiver eligibility			PA)		X Yes No
		ther line 6a or line 6b, the plan can			Form	5500.	<u> </u>
•		it plan, is it covered under the PBGC in			_		Not determined
	•	-		•			
		or incomplete filing of this return/re					
		ner penalties set forth in the instructior nd signed by an enrolled actuary, as w					
	true, correct, and com		eli as trie electroriic vei	Sion of this return report	, and	to the best of my	Kilowieuge and
	E1 - 1 - 20	and the standard of the standard	40/40/0044	T			
SIGN HERE		valid electronic signature.	10/13/2014	WILLIAM CLEMANS,	E.A.		
	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan adı	ministrator
	<u> </u>						
SIGN							
SIGN HERE	Signature of emplo		Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor
HERE	Signature of emplo				_		er or plan sponsor number (optional)
HERE	Signature of emplo	yer/plan sponsor			_		
HERE	Signature of emplo	yer/plan sponsor			_		
HERE	Signature of emplo	yer/plan sponsor			_		
HERE	Signature of emplo	yer/plan sponsor			_		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of Ves				(b) End of Voor			
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year			
<u>a</u>	Total plan liabilities	7a 7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	250786				0			
8	,	76								
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
и	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	11803	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					118037			
d	Benefits paid (including direct rollovers and insurance premiums		262500	2						
	to provide benefits)	8d	262590							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		0						
<u>g</u>	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2625903			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-2507866			
	Transfers to (from) the plan (see instructions)	8j		0						
Pai	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 1H 3D									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions			1						
10	During the plan year:			ı	Yes	No	Amount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
						X				
	Did the plan have a loss, whether or not reimbursed by the plan's			10c						
	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				
f				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
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	ne required	d notice or one of the	1011						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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	0			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 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 instruc		, and e	nter th	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						. 531			
	Enter the minimum required contribution for this plan year	,	,			12b				

Page	3 -	1
raye	J	

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

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

2013

This Form is Open to Public Inspection

For	calenda	ar plan year 201	13 or fiscal plar	n year beginning	01/01/20	13			and end	ding	12/31/2	013		
•	Round	off amounts to	nearest dolla	ar.										
•	Caution	: A penalty of \$	\$1,000 will be a	assessed for late	filing of this re	port unless reas	onable ca	ause is	s establis	hed.				
	lame of							В	Three-d	ligit			004	
RO	NSCO D	EL INC. RETIF	REMENT TRUS	ST					plan nui	mber (F	PN)	•	001	
С	Plan spo	nsor's name as	shown on line	2a of Form 5500	or 5500-SF			D	Employe	r Identii	fication	Number	(EIN)	
RO	NSCO D	EL INC.								13-3	352447	1		
E 1	ype of p	lan: X Single	Multiple-A	A Multiple-B		F Prior year pl	an size: 🕽	X 100	or fewer	10	1-500	More	than 500	
Pa	art I	Basic Infor	mation											
1	Enter t	the valuation da	ate:	Month	Day	Year		_						
2	Assets	3:												
	a Mark	ket value												2507866
					<u></u>					2	b			2507866
3	Fundir	ng target/partici	pant count bre	akdown:			(1) N	lumbe	er of partic	cipants		(2)	Funding Ta	arget
	a For	retired participa	ants and benefi	iciaries receiving	payment						0			C
	b For	terminated ves	ted participants	S		3b					0			C
	C For	active participa	nts:				_							
	(1	 Non-vested 	l benefits											C
	(2	2) Vested ben	efits											2275213
	(3	Total active)			· · ·					2			2275213
	d Tota	al				3d					2			2275213
4	If the p	olan is in at-risk	status, check	the box and com	plete lines (a)	and (b)								
	a Fund	ding target disre	egarding preso	ribed at-risk assu	mptions					4	а			
				ssumptions, but o						4	b			
5	Effecti	ve interest rate								5	5			6.15 %
6	Target	normal cost								6	3			0
	To the best	with applicable law	he information supp and regulations. In	olied in this schedule ar my opinion, each othe experience under the p	er assumption is rea									
	IGN ERE											10/04/2	2014	
			Sig	nature of actuary				_				Date		
WIL	_IAM J.	CLEMANS, E.A	٦.									14-07	149	
			Type or	print name of act	tuary			_		Мо	st rece		nent numbe	er
LON	IG ISLAI	ND EMPLOYEE			•							631-27	73-9220	
				Firm name				_	-	Telepho	ne nun		uding area	code)
		ESS BLVD GE, NY 11788											3	,
			A	ddress of the firm	 I			_						
If the	actuary	has not fully re	eflected any reg	gulation or ruling	promulgated ι	under the statute	in comple	eting t	this sched	dule, ch	eck the	box and	see	
	ıctions	•		_	-			-						

Page	2	-
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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and	Prefunding Ba	alances										
									(a) (Carryover balance	Э	(b)	Prefundi	ng balar	nce		
7		•	•		-	ustments (line 13 f					52338	52338 557					
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										2411						
9		-									0				53343		
10						12.95%									6908		
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefu	nding balance:											
	a Prese	ent value	of excess contrib	utions (line	38a from	prior year)									0		
						ate of6.85 %									0		
	C Total	available	at beginning of cur	rent plan ye	ear to add	to prefunding balar	nce								0		
	d Portion	on of (c)	to be added to pre	efunding ba	alance										0		
12	Other re	eductions	s in balances due	to election	s or deen	ned elections					0				0		
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 -	⊦ line 11d – line 12)				0				60251		
Pa	art III	Fun	ding Percenta	ages													
14	Funding	g target a	ttainment percent	age									14	10	7.57 %		
15	Adjuste	d funding	g target attainmen	t percenta	ge								15	11	0.22 %		
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	10	6.54 %							
17	If the cu	urrent val	ue of the assets o	f the plan i	is less tha	n 70 percent of the	e funding tar	get, e	nter s	such percentage			17		%		
Pa	art IV	Con	tributions an	d Liquid	lity Sho	rtfalls											
18	Contrib	utions ma	ade to the plan for	the plan y	ear by er	nployer(s) and emp	oloyees:										
	(a) Dat M-DD-Y		(b) Amount p employer			mount paid by employees	(a) Da (MM-DD-		\sim	(b) Amount p employer		(c) Amou	nt paid l	ру		
(17	IIVI-DD-1	111)	ciripioyer	(3)		imployees	(IVIIVI-DD-		,	cripioyer	(3)		Citipi	Зуссз			
							Totals ▶	18	B(b)		C	18(c)			0		
19	Discour	nted emp	loyer contributions	s – see ins	tructions	for small plan with	a valuation o	date a	fter th	he beginning of th	e year:		•				
	a Conti	ributions	allocated toward	unpaid min	nimum rec	uired contributions	from prior y	ears.			19a				0		
	b Contr	ributions	made to avoid res	strictions a	djusted to	valuation date					19b				0		
	c Contr	ributions a	allocated toward mi	inimum req	uired cont	ribution for current y	ear adjusted	to valı	uation	n date	. 19c				0		
20	20 Quarterly contributions and liquidity shortfalls:																
	a Did t	he plan h	nave a "funding sh	ortfall" for	the prior y	/ear?								Yes	X No		
	b If line	e 20a is "	Yes," were require	ed quarterly	y installm	ents for the curren	t year made i	in a tir	nely	manner?				Yes	No		
	C If line	20a is "	Yes," see instructi	ons and co	omplete th	ne following table a	s applicable:	:									
		(4) 1	-1			ity shortfall as of e	nd of quarter	of thi					(4) 4"				
		(1) 19	SI		(2)	2nd			(3)	3rd			(4) 4th	1			
							1				1						

Pa	rt V Assumptio	ons Used to Determine	Funding Target and Targe	t Normal Cost							
21	Discount rate:										
	a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %		N/A, full yie	eld cur	ve used	i		
	b Applicable month ((enter code)			21b				3		
22	Weighted average re	tirement age			22				62		
23	Mortality table(s) (se			scribed - separate	Substitute	;					
Pa	rt VI Miscellane	ous Items	<u> </u>		ш						
			tuarial assumptions for the current	nlan year? If "Yes " see	instructions	regarding requi	ed				
) Ye	s X N	No		
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Ye	s X N	No		
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		X Ye	s N	No		
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instru		27						
Da			ım Baguirad Cantributian	o For Drier Veers	1						
		•	um Required Contribution		28						
28			years		20				0		
29			d unpaid minimum required contrib		29				0		
30	Remaining amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30				0		
Pa	rt VIII Minimum	Required Contribution	For Current Year								
31	Target normal cost a	and excess assets (see instruc	tions):								
	a Target normal cost	(line 6)			31a				0		
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b				0		
32	Amortization installm	ents:		Outstanding Bala	ance	Insta	Installment				
	a Net shortfall amorti	ization installment			0				0		
	b Waiver amortizatio	n installment			0				0		
33	If a waiver has been (Month		nter the date of the ruling letter gra		33						
34	Total funding require		er/prefunding balances (lines 31a		34				0		
		<u> </u>	Carryover balance	Prefunding bala	nce	Total b	alanc	<u> </u>			
35		use to offset funding	(-	0				0		
36	•				36				0		
37	Contributions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37				0		
	,										
38		ess contributions for current ye			38a						
					38b				0		
			prefunding and funding standard of								
39			ear (excess, if any, of line 36 over	•	39				0		
40		•	3		40				0		
			Pension Relief Act of 2010	(See instructions)						
41	If an election was ma	de to use PRA 2010 funding re	elief for this plan:								
	a Schedule elected					2 plus 7 years	1	5 years			
_	b Eligible plan year(s	s) for which the election in line	41a was made		2008	2009 20	10	2011	_		
42	Amount of acceleration	on adjustment			42						
43	Excess installment ad	cceleration amount to be carrie	d over to future plan years		43						

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Conporation

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).

A Complete all entries in accordance with the instructions to the Form SEGO.SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

*** E	art l Annual Report Identification Information	100 11111 1110 11101100	HONO TO THE 1 OTHER CODE	w-wi i	
	CONTROL CONTRO	/01/2013	and ending	12/31/2013	
			an (not multiemployer)	a one-participal	(10.11)
	This setum report to los.		att (ttor ttratticattibio Act)	☐ a oue-barriotha	к ріан
5		e final return/report			
_		, ,	/report (less than 12 m	,	
C		utomatic extension		DFVC program	
	special extension (enter description)				
	In I Basic Plan Information—enter all requested information	on			
1a	Name of plan			1b Three-digit	
	Ronsco Del Inc. Retirement Trust			plan number (PN) ▶	001
				10 Effective date of p	001
				01/01/2002	TOTAL
2a	Plan sponsor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identific	ation Number
	Ronsco Del Inc.			(EIN) 13-3524	
				2c Sponsor's telepho	ne number
	212 Edith Avenue Ath Elect			(212) 627-0	
	312 Fifth Avenue, 4th Floor			2d Business code (se	e instructions)
-	New York		10001	238300	
Ja	Plan administrator's name and address Same as Plan Sponsor Nam	ne ∐Same as Plan	Sponsor Address	3b Administrator's Eli	N
				3c Administrator's tel	ephone number
			,		
	Nethern Agent Philipped and the second of th		- (I.) I I (I.		
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	t return/report tiled to	rtnis plan, entertne	4b EIN	
a	Sponsor's name			4c PN	
5a	Total number of participants at the beginning of the plan year			5a	2
b	Total number of participants at the end of the plan year		M	5b	0
C	Number of participants with account balances as of the end of the pla				<u>V</u>
	complete this item)			5c	
_	Were all of the plan's assets during the plan year invested in eligible	•	,		X Yes ∐ No
b	Are you claiming a walver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility end	independent qualifie	ở public accountant (IQ	PA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot				M 100 [] 140
G	If the plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Not determined
	ution: A penalty for the late or incomplete filing of this return/repor		· · · · · · · · · · · · · · · · · · ·		
SB	der penaities of perjuty and when penaities set forth in the instructions, i or Schedule MB completed and signed by an enrolled actuary, as well	i deciare that i have t as the electronic vers	examined this return/report	οοπ, including, if applicat :. and to the best of my ki	ilë, & Schedule nowledge and
bel	ef, it is true, correct, and complete.			,,	io in saigo si ia
			F. D. 7		
SIC		10/6/14	Lee R. Zaretz)		
10000	Signature of plant annimiguator	Date	Enter name of Individ	ual signing as plan admir	nistrator
SIC	pe — — — — — — — — — — — — — — — — — — —				
	Signature of employer/plan sportsor	Date		ual signing as employer o	
Pre	parer's name (including firm name, if applicable) and address; include i	room or suite number	r (optional)	Preparer's telephone n	umber (optional)
					1

Pä	rtall Financial Information		· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	. 7a	2,507		6		0
b	Total plan liabilities	. 7b			0	_	0
C	Net plan assets (subtract line 7b from line 7a)	. 7c	2,507	7,86	6		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	<u> </u>		ก		
	(2) Participants.	8a(2)			0 888		
	(3) Others (including rollovers)	8a(3)	113	3,03	7		
	Other income (loss)	d8 .	110			<u>(</u>	118,037
d	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		*******	(2) (2)		110,037
	to provide benefits)	. 8d	2,625	5,90	3		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
f	Administrative service providers (salaries, fees, commissions)	. 8 1			0		
g	Other expenses	. 8g			0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					2,625,903
i	Net Income (loss) (subtract line 8h from line 8c)	. 81					(2,507,866)
j	Transfers to (from) the plan (see instructions)	. 8j			0		
Pa	t V Plan Characteristics	-					
9a	If the plan provides pension benefits, enter the applicable pension 1A 1H 3D	feature co	des from the List of Plan Chara	acteria	stic Co	des in	the instructions:
b		4	f lb Ll-t -f Dl Ob	-44-1	. 0		
ม	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es from the List of Plan Charac	cterist	ic Coc	les in t	ne instructions:
Par	V Compliance Questions						
10	During the plan year:	***************************************			Yes	No	Amount
а	Was there a fallure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flot			10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x	
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 o			10e		X	
f			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	h	x	<u> </u>
g				10f		X	
	If this is an individual account plan, was there a blackout period?		<u></u>	10g	 		
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	,	************	10h			
305001000	exceptions to providing the notice applied under 29 CFR 2520.10			101			
Par	(2000 Section 1)						
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			*******		dule SE	3 (Form X Yes No
118	Enter the unpaid minimum required contribution for current year f			***************************************		11a	0
12	is this a defined contribution plan subject to the minimum funding			e or se	oction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below					-	
a	If a walver of the minimum funding standard for a prior year is beingranting the walver.	ng amortize	ed in this plan year, see Instru 	ctions ith	, and	enter (t Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						7 9541
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013 130118 Page 3 -					
	Enter the amount contributed by the employer to the plan for this plan year	12c	Т			
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> </u>			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>	es [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?	X	Yes	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 PBGC?	e control			X Ye	s No
C	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.)	s) to				
1	3c(1) Name of plan(s):	13c(2) E	lN(s)		13c(3) PN(s)
					İ	
Part	Viii Trust Information (optional)				1	
34000000	Name of trust	14b	rust's	EN		

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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.

2013

Inspection

OMB No. 1210-0110

This Form is Open to Public

Fo	r calendar plan year 2013 or fiscal plan year beginning 01/0	1/2013			and ending	. <u>'</u>	12/3	31/2013
•	Round off amounts to nearest dollar.							
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report u	inless reas	sonable ca	use is	established	i,		
Α	Name of plan			В	Three-digit			
					plan numbe	er (PN)	•	001
De	onsco Del Inc. Retirement Trust							
				<u></u>				
U	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D E	mployer Id	entificatio	n Number (EIN)
Ro	onsco Del Inc.			13	3-35244	71		
E ·	Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	rior year p	an size: X	100 c	r fewer	101-500	☐ More t	han 500
(00)0003	art I Basic Information	<u> </u>		<u> </u>		<u> </u>		
::::\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Enter the valuation date: Month 1 Day 1	Voor	2013					 .
<u>'</u>	Assets:	16ai				99		
_	a Market value				I	2a	<u> </u>	0 507 000
	b Actuarial value					2b		2,507,866
3	Funding target/participant count breakdown:							2,507,866
J	a For retired participants and beneficiaries receiving payment	3a	(1) N	umiber	of participa	nts O	(2)	Funding Target
	b For terminated vested participants	3b				0	-	0
	,	30				U		0
	C For active participants: (1) Non-vested benefits	3c(1)	-			<u> </u>		
			_			_		0 075 013
	(2) Vested benefits					2		2,275,213
	d Total					2		2,275,213
4	· ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	$\overline{\Box}$		 ®		2,275,213
4	If the plan is in at-risk status, check the box and complete lines (a) and (b	•			ı	4		
	a Funding target disregarding prescribed at-risk assumptions					4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding	on ruie for g loading fa	pians that i actor	nave p	een in	4b		<u> </u>
5	Effective interest rate					5		6.15 %
6	Target normal cost					6		0
	tement by Enrolled Actuary							
	To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	es, statements le (taking into	and attachme account the ex	ents, if ar xperience	ny, is complete of the plan an	and accurated reasonable	e. Each prescri e expectations)	bed assumption was applied in and such other assumptions, in
	BIGN // //					1	0/04/2	014
2000000	Signature of actuary					<u> </u>	Date	
wi.]	lliam J. Clemans, E.A.						14-071	49
	Type or print name of actuary					Most rec		ent number
Lor	ng Island Employee Benefits Group						31) 273	
	Firm name				Tele			iding area code)
325	Wireless Blvd				7010	priorio ric	iniber (inicia	ding area code;
Hau	uppauge NY 117	88		_				
	Address of the firm							
if the	actuary has not fully reflected any regulation or ruling promulgated under	the statute	in comple	eting thi	s schedule	, check th	e box and	see

Page	2 -	•
------	-----	---

Pa	ırt II Begi	nning of Year	Carryov	er and Prefunding E	3alances							
7	7 Deleverable desired			(a) Carryover balance			(b) Prefunding balance					
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								55,754			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					52,338			2,411			
9					•		-	0				53,343
10	10.00							6,90			6,908	
11				to prefunding balance:								
				38a from prior year)					(0
	b Interest on (a as otherwis	a) using prior year' e provided (see in	s effective in structions)	nterest rate of 6.85	% except				0			
-	C Total available	e at beginning of cu	rrent plan ye	ar to add to prefunding bala	ance				0			
	d Portion of (c)	to be added to pr	efunding ba	lance	***************************************							0
12	Other reduction	s in balances due	to elections	or deemed elections	***************************************	.,		0				0
13	Balance at beg	inning of current ye	ear (line 9 +	line_10 + line 11d – line 1	2)			0				60,251
Pi	art III Fur	nding Percent	ages			· · · · · · · · · · · · · · · · · · ·						
14	Funding target	attainment percent	age							14	107	.57 %
15	Adjusted fundin	g target attainmen	t percentag	e						15	110	.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.						9	16	106	.54 %		
17				less than 70 percent of t						17		%
Pi	Part IV Contributions and Liquidity Shortfalls											
18	Contributions m	ade to the plan fo	the plan ye	ear by employer(s) and en	nployees:							
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees) Date (b) Amount paid by employer(s)			y (c) Amount paid by employees			by
				. 17 1175-41	ļ					***		
									. ====			
					ļ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					<u> </u>	1			ļ			
					Totals ▶		<u> </u>		18(c)			0
19	, , , and a second a second and											
	, , , , , , , , , , , , , , , , , , , ,						0					
	b Contributions made to avoid restrictions adjusted to valuation date						0					
								0				
20												
	a Did the plan have a "funding shortfall" for the prior year?											
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	c If line 20a is "Yes," see instructions and complete the following table as applicable:											
	Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th											
	7.7			· /		(5)				., -,	<u> </u>	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and	Target N	ormal Cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %)	3rd segment: 6.76 %		N/A, full yield curve used
	b Applicable month ((enter code)	•••••••••••••••••••••••••••••••••••••••		***************************************	2 1b	3
22	Weighted average rel	tirement age				22	62
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescrib	ed - separate	Substitu	te
Ра	rt VI Miscellane	ous Items					
24							
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ictions rega	arding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instructions	regarding required	attachmen	tX Yes No
27	3 1						
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribu	utions F	or Prior Years		
28	Unpaid minimum requ	uired contributions for all prior	years			28	C
29		contributions allocated toward				29	C
30	Remaining amount of	funpaid minimum required cor	ntributions (line 28 minus line	e 29)		30	C
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost ar	nd excess assets (see instruct	ions):				·
	a Target normal cost ((line 6)	***************************************			31a	0
	b Excess assets, if ap	oplicable, but not greater than	line 31a			31b	C
32	Amortization installme	ents:			Outstanding Bala	ince	Installment
	a Net shortfall amortiz	zation installment	•••••			0	0
	b Waiver amortization	n installment				0	C
33		approved for this plan year, en Day Year				33	
34	Total funding requiren	nent before reflecting carryove	r/prefunding balances (lines	31a - 31b	+ 32a + 32b - 33)	34	0
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances elected for u	use to offset funding		0		0	0
36	Additional cash requir	rement (line 34 minus line 35).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************	36	0
37						37	0
38	Present value of exce	ss contributions for current ye	ar (see instructions)		·		
	a Total (excess, if any	, of line 37 over line 36)		•••••	• · · · · · · · · · · · · · · · · · · ·	38a	0
	b Portion included in I	line 38a attributable to use of a	prefunding and funding stand	dard carryo	ver balances	38b	0
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0
40	Unpaid minimum requ	uired contributions for all years				40	0
Pai	rt IX Pension F	Funding Relief Under P	ension Relief Act of	2010 (Se	e Instructions)		
41	If an election was mad	ie to use PRA 2010 funding re	lief for this plan:				
		*****					2 plus 7 years 15 years
	a Schedule elected						
42	Amount of acceleration adjustment					42	□ <u> </u>
		celeration amount to be carried		****		43	-
70	EVOCOS U ISTAILLICHT ACT	Coloration almount to be called	a over to ratine high hear?			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:

01/01/13

to

12/31/13

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:

01/01/13

to

12/31/13

FUNDING ASSUMPTIONS:

Probability of lump sum:

100%

Pre-Retirement Mortality:

N/A

Post-Retirement Mortality:

2013 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, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN NAME: RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID: 13-3524471

PLAN NUMBER: 001

PLAN YEAR: 01/01/13 to 12/31/

0

0

Totals

SCHEDULE SB, PART V - STATEMENT OF PLAN PROVISIONS

PLAN NAME:

RONSCO DEL INC. RETIREMENT TRUST

EMPLOYER ID:

13-3524471

PLAN NUMBER:

001

PLAN YEAR:

01/01/13

to

12/31/13

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

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