ORIGINAL

Received SECSECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Washington, DC 20549

FORM 11-K



(Mark One)

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2012

OR

TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: 001-35739

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

Polonia Bank Retirement Plan

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

Polonia Bancorp, Inc. 3993 Huntingdon Pike Huntingdon Valley, PA 19006

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REQUIRED INFORMATION

1. Not applicable.

1

- 2. Not applicable.
- 3. Not applicable.

4. The Polonia Bank Retirement Plan (the "Plan"), is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). Pursuant to Section 103(c) of ERISA and the regulations thereunder, the Plan is not required to file audited financial statements because the Plan has fewer than 100 participants. Attached hereto as Appendix I is a copy of the Plan's Summary Annual Report and Schedule I to the Form 5500.

APPENDIX I FORM 5500 SCHEDULE I AND SUMMARY ANNUAL REPORT

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	SCHEDULE I Financial Information—S			ation—Sr	nall I	Plan		OMB No. 1210-0110		
	(Form 5500)							0040		
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration				to be filed under section 104 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code). an attachment to Form 5500.					2012	
								This Form is Open to Public		
	ion Benefit Guaranty Corporation	an vear beginning 01/01/201	12		an	d ending	12/	31/2012	Inspection	
A Name	idar plan year 2012 or fiscal p of plan	an year beginning 01/01/201	2		_	hree-digit		0.12012		
	BANK RETIREMENT PLAN				1	lan numb		► *********	001	
						an a				
C Plan sponsor's name as shown on line 2a of Form 5500 POLONIA BANK					D Employer Identification Number (EIN) 23-1692415					
Complete small plat	e Schedule I if the plan covered n under the 80-120 participant	l fewer than 100 participants as of rule (see instructions). Complete S	the beg Schedule	inning of the plan H if reporting a	n year. Y s a large	ou may a plan or D	lso comp FE.	lete Sched	lule I if you are filing as a	
Part I	Small Plan Financial	Information								
assets he benefit at	ald in more than one trust. Do	ts and liabilities, income, expense not enter the value of the portion me and expenses of the plan incl s to the nearest dollar.	of an in	surance contrac	ct that a	iarantees	during the	his plan ye	ar to pay a specific dollar	
	n Assets and Liabilities:			(a) Bo	eginning	of Year			(b) End of Year	
	•		<u>1a</u>		3020019			3503036		
b Tota	al plan liabilities						0	0 3503036		
C Net	C Net plan assets (subtract line 1b from line 1a)		10		3020019					
2 Inco	2 Income, Expenses, and Transfers for this Plan Year:			8 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount			(b) Total		
a Con	a Contributions received or receivable:									
(1) Employers		2a(1)	95284							
(2)	(2) Participants		2a(2)	132090			132090			
(3) Others (including rollovers)		. 2a(3)								
b Nor			2b							
c Oth	C Other income		2c		270967					
d Tota								498341		
Poter moorne (add mices 2d(1), 2d(2), 2d(3), 25, and 25) Benefits paid (including direct rollovers)			. 2e		14831					
f Corrective distributions (see instructions)										
g Cer	tain deemed distributions of pa		. 2g							
h Adr	ninistrative service providers (salaries, fees, and commissions).	2h		493		4500			
i Oth	er expenses		2i							
j Tota	al expenses (add lines 2e, 2f,	2g, 2h, and 2i)	j					1532		
k Net	income (loss) (subtract line 2)	from line 2d)	2k				483017			
		instructions)	21	e er		de de la	1997 A.Y		······	
rem	aining in the plan as of the end o	issets at anytime during the plan yea of the plan year. Allocate the value of one of the specific exceptions descr	of the pla	n's interest in a c	categorie commingl	ed trust co	ontaining 1	enter the c the assets (of more than one plan on a lin	
• Dede serbis fisiet unders interacts						Yes	No X		Amount	
a Partnership/joint venture interests					<u>3a</u>		x		······································	
b Employer real property					. <u>3b</u>					
C Real estate (other than employer real property)					<u>3c</u>		X			
d Em	ployer securities				3d	X	_		1271	
e Participant loans					. 3e	X	1		7182	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

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> Schedule I (Form 5500) 2012 v. 120126

Schedule I (Forn	n 5500) 2012
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			Yes	No	Amount
3f	Loans (other than to participants)	3f		х	
g	Tangible personal property	3g		х	

4	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		×	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	.1.32	X	
e	Was the plan covered by a fidelity bond?	4 e		×	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	in the Alex Alexandria Alexandria	X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4 j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	×		
I	Has the plan failed to provide any benefit when due under the plan?	41		X	
n	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	े े 4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		19. HE	

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

Part III Trust Information (optional)						
6a Name of trust	6b Trust's EIN					

SUMMARY ANNUAL REPORT for Polonia Bank Retirement Plan

This is a summary of the annual report for Polonia Bank Retirement Plan, 23-1692415/001 for 01/01/2012 through 12/31/2012. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and trust. Plan expenses were \$15,324. These expenses included \$14,831 in benefits paid to participants and beneficiaries, \$493 in administrative expenses and \$0 in other expenses. A total of 58 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was 33,503,036 as of 12/31/2012, compared to 33,020,019 as of 01/01/2012. During the plan year the plan experienced an increase in its net assets of 483,017. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of 498,341, including employer contributions of 952,284, employee contributions of 132,090, and earnings from investments of 270,967.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report: 1. Insurance information including sales commissions paid by insurance carriers;

2. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103 - 12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Polonia Bank, who is Plan Administrator at 3993 Huntingdon Pike, Huntingdon Valley, PA, 19006. (215) 938-8800. The charge to cover copying cost will be \$22.00 for the full annual report, or \$2.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 3993 Huntingdon Pike, Huntingdon Valley, PA, 19006 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this Annual Report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: $\frac{1}{4} - \frac{1}{3}$

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Polonia Bank Retirement Plan

By: Anthony J. Szuszczewicz Trustee By: Paul D. Rutkowski Trustee