Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 11/01/2010)	and ending	10/31/2	2011
Α	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
MAR	RERO TOOL SALES CO. INC, PROFIT SHARING PLAN				plan number 002
				10	(PN)
				10	Effective date of plan 03/14/1979
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
MAR	RRERO TOOL SALES CO., INC.				(EIN) 14-1605521
	3OX 206			2C	Plan sponsor's telephone number 845-496-9778
BLO	OMING GROVE, NY 10914			2d	Business code (see instructions)
					423700
3a MAR	Plan administrator's name and address (if same as Plan sponsor, er RRERO TOOL SALES CO., INC. PO BOX 206	nter "Same	e ")	3b	Administrator's EIN 14-1605521
	BLOOMING (GROVE, N	IY 10914	3c	Administrator's telephone number
					845-496-9778
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN
	name, Env, and the plan namber from the last retainmepers. Opened	ronanie		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			5b	2
С	Total number of participants with account balances as of the end of		•		2
	complete this item)			5c	
6a b			'		Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
Pa	art III Financial Information		<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning of Year	0	(b) End of Year
a	Total plan assets	7a	40000	U	424796
	Total plan liabilities	7b	40606	0	424796
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		0	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)	521:	3	
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	3507	5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			40288
d	Benefits paid (including direct rollovers and insurance premiums	04	1868	5	
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		\dashv	
f	Administrative service providers (salaries, fees, commissions)	8f	286	7	
g	Other expenses	8g			
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			21552
i	Net income (loss) (subtract line 8h from line 8c)	8i			18736
	Transfers to (from) the plan (see instructions)				
J	ransision to (mann) and plan (edo men denote) mining	8j			

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Part IV	Plan	(`hara	cteristics
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cl	aracteris	tic Co	des in	the instr	uctions	:	
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions report line 10a.)	ed 10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fradishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 00))						Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						1	
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_					
b	Ent	ter the minimum required contribution for this plan year		L	12b				
С	Ent	ter the amount contributed by the employer to the plan for this plan year		L	12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)			12d				
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou he PBGC?	tht under	the co	ontrol			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ich assets or liabilities were transferred. (See instructions.)	fy the pla	n(s) to)				
1	3c(1	I) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable car	use is	establ	lished.	I		
Jnde SB o	r pe r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret	return/re	port, ir	ncludin	g, if app			
elle		s true, correct, and complete. Filed with authorized/valid electronic signature. 05/03/2012 RALPH MAR	PERO						
SIG	N	MALPH MAR	KLKU						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open

Pension Benefit Guaranty Corporation ➤ Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection **Annual Report Identification Information** Part I 10/31/2011 11/01/2010 For calendar plan year 2010 or fiscal plan year beginning and ending one-participant plan single-employer plan multiple-employer plan (not multiemployer) This return/report is for: В This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C DFVC program Check box if filing under: Form 5558 automatic extension special extension (enter description) Basic Plan Information - enter all requested information Part II 1a Name of plan 1b Three-digit plan number (PN) 002 MARRERO TOOL SALES CO. INC, PROFIT SHARING PLAN 1c Effective date of plan 03/14/1979 2b Employer Identification Number (EIN) 2a Plan sponsor's name and address (employer, if for single-employer plan) MARRERO TOOL SALES CO., INC. 14-1605521 Plan sponsor's telephone number PO BOX 206 8454969778 Business code (see instructions) NY 10914 BLOOMING GROVE 423700 3a Plan administrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN SAME 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this 4b FIN plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 5b 2 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant Пνο (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Part III (b) End of Year Plan Assets and Liabilities (a) Beginning of Year 424,796 a Total plan assets 7a 406,060 Total plan liabilities 7b 406,060 424,796 Net plan assets (subtract line 7b from line 7a) 7c (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 5.213 (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 35,075 b Other income (loss) SEE STATEMENT 1 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 18,685 STATEMENT 2 e Certain deemed and/or corrective distributions (see instructions) 8e 2,867 STATEMENT 3 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g 21,552 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 18.736 8i

Transfers to (from) the plan (see instructions)

Form 5500·SF (2010)	Page	Z"		1		
Part IV Plan Characteristics		·····				
	. (D)	01		:- 0- 4-	a in the ine	
a If the plan provides pension benefits, enter the applicable pension feature codes from the List	of Plan	Charac	cierisi	ic Code	s in the ins	tructions:
E 2G	(Dia O	L	! _ 2.2	Ondoo	la klas lasku	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	r Plan Ci	naracı	eristic	Codes	in the instri	uctions:
Part V Compliance Questions						
During the plan year:		Yes	No		Amoun	••••••••••••••••••••••••••••••••••••••
a Was there a failure to transmit to the plan any participant contributions within the time period described			110			<u> </u>
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		x			
b Were there any nonexempt transactions with any party-in-interest? (Do not include	.				***************************************	·····
transactions reported on line 10a.)	10b		x			
C Was the plan covered by a fidelity bond?			X		***************************************	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	. 100					
was caused by fraud or dishonesty?	10d		х			
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	· <u>100</u>			 		
carrier, insurance service or other organization that provides some or all of the benefits under						
·	100		Х			
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?			X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X			
h If this is an individual account plan, was there a blackout period? (See instructions	. 109		- 22	1, 15, 11		14.16.366
	4015		х			
and 29 CFR 2520.101-3.)	. <u>10h</u>					
If 10h was answered "Yes," check the box if you either provided the required notice or one	40:		х			
of the exceptions to providing the notice applied under 29 CFR 2520.101-3 art VI Pension Funding Compliance	. 10i	L		<u> </u>		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructi	one and	oomo	loto			
· · · · · · · · · · · · · · · · · · ·		-			Tyes	X No
Schedule SB (Form 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412					165	<u> </u>
· · · · · · · · · · · · · · · · · · ·					Yes	X No
section 302 of ERISA? (If "Yes," complete 12a or 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						
ruling granting the waiver. MonthMonth	•		<i></i>		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip			401-	<u> </u>		
b Enter the minimum required contribution for this plan year			12b			
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 sig						
the left of a negative amount)			12d	<u> </u>		1
e Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets		*******	(بــــــــــــــــــــــــــــــــــــ	'es	∐ No	∐ N/A
		_			Yes	X No
a Has a resolution to terminate the plan been adopted during the plan year or any prior year?			13a	<u> </u>	. [res	PV INO
If "Yes," enter the amount of any plan assets that reverted to the employer this year			138	L		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan					Пусс	X No
under the control of the PBGC?					., Yes	
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), Identii	y tne p	oian(s,	to whi	on assets of	r
liabilities were transferred. (See instructions.)		40. (0) FIN(-) :			13c(3) PN(s)	
13c(1) Name of plan(s):		13c(2) EIN(s)			130(3) PN(S)
					+	
·						
					1	

SIGN HERE	Rachan	05/03/2012	RALPH MARRERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mama	05/03/2012	RAPLH MARRERO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1		
DESCRIPTION		AMOUNT			
DIVIDENDS FROM COMMON UNREALIZED APPRECIATI	7,293 27,782				
TOTAL TO FORM 5500-SF	, LINE 8B	35,0	75.		
FORM 5500-SF	BENEFITS PAID	STATEMENT	2		
DESCRIPTION	AMOUNT				
PAYMENTS DIRECTLY TO	18,685.				
TOTAL TO FORM 5500-SF	18,68	35.			
FORM 5500-SF	ADMINISTRATIVE SERVICE PROVIDERS	STATEMENT	3		
DESCRIPTION	AMOUNT				
ADMINISTRATIVE SERVIC	2,867.				
TOTAL TO FORM 5500-SF	, LINE 8F	2,86			