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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/20	011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:						
		a short pla	an year return/report (less than 12 mo	nths)	_		
C	Check box if filing under:		extension	L	DFVC progra	m	
	special extension (enter descriptio	,					
Pa	rt II Basic Plan Information—enter all requested information	ation					
	Name of plan				Three-digit		
ANNE	ETTE EADERESTO, LLC 401K PLAN				plan number (PN) ▶	001	
			-		Effective date of		
				10	01/01/	•	
	Plan sponsor's name and address; include room or suite number (eleTTE EADERESTO, LLC	mployer, if	for a single-employer plan)		Employer Identif	ication Number	
			-		Sponsor's telep		
18 D	AILROAD AVENUE				631-878		
	TER MORICHES, NY 11934			2d	Business code (see instructions)	
					54199	0	
	Plan administrator's name and address (if same as plan sponsor, erective EADERESTO, LLC 18 RAILROAL	D AVENUE		3b /	Administrator's E 11-34	EIN 09567	
	CENTER MO	RICHES, I	NY 11934	3c Administrator's telephone num 631-878-2282			;r
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
9	name, EIN, and the plan number from the last return/report. a Sponsor's name						
	5a Total number of participants at the beginning of the plan year						_
b			-	5a			
	Total number of participants at the end of the plan year		-	5b			
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						2
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes 1	No
b	Are you claiming a waiver of the annual examination and report of a					V voc □ I	NI.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes []	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orin 5500-	SF and must instead use Form 550	u.			
			()5				_
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End	61564	
a	Total plan assets	7a	0			0	
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	60992			61564	
8	Income, Expenses, and Transfers for this Plan Year	76			/b) T		
а	Contributions received or receivable from:		(a) Amount		(b) T	Otal	
<u> </u>	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)		572				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				572	
d	Benefits paid (including direct rollovers and insurance premiums		0				
_	to provide benefits)	. 8d	0	_			
e f	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)		0				
g	Other expenses (Addition 2d	. 8g	0			0	
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				572	
ı	Net income (loss) (subtract line 8h from line 8c)					572	
J	Transfers to (from) the plan (see instructions)	8j	0				

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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amou	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described 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			
С	Was the plan covered by a fidelity bond?	10c	X				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance 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			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. \	res X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	. 📗 ነ	res 🛚 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
_	Enter the minimum required contribution for this plan year		[12b			
	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 negative amount)			12d			
е	Will 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						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	res X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13	c(3) PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.		
Inde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	ırn/rep	ort, in	cludin	g, if applic	,	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ANNETTE EADERESTO			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	ANNETTE EADERESTO			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Bensfil Guaranty Corporation

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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-SF.

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

A This return/report is for:
A This return/report is for:
This return/report is:
an arriended return/report a short plan year return/report (less finen 12 months) DFVC program
C Check box if illing under:
Special extension (enter description)
Basic Plan Information
1
ANNETTE BADERESTO, LLC 401K PLAN Company
ANNETTE EADERESTO, LLC 401K PLAN CPN 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) ANNETTE EADERESTO, LLC 2b Employer identification Number (EIN) 11-3409567 2c Plan sponsor's telephone number (631) 878-2282 2d Business code (see instructions) 541990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b 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 plan, enter the name, EIN, and the plan number from the last return/report. 5a 2 5b 2 5c 2 5c 2 5c 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a Were all of the plan's assets during the plan administrator of participants at the end of the plan cannot use Form 5500-SF and must instead use Form 5500. Eartill Financial Information F
2a Plan sponsor's name and address; include room or sulte number (employer, if for single-employer plan) ANNETTE EADERESTO, LLC 2b Employer identification Number (ElN) 11-3409567 2c Plan sponsor's telephone number (631) 878-2282 2d Business code (see instructions) 541990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same 3c Administrator's telephone number (ast) 541990 3d Administrator's telephone number (business) 3d Administrator's telephone number (ast) 541990 3d Administrator's telephone number (business) 3d Administrator's telephone number (business (business) 3d Administrator's telephone number (business (business) 3d Administrator's telephone number (business) 3d Administr
Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) ANNETTE EADERESTO, LICC 2D Employer identification Number (EII) 11-3409567 2C Plan sponsor's telephone number (631) 878-2282 2d Business code (see instructions) 54 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aspect of the plan sponsor has changed since the last return/report filed for this plan, enter the aspect of the plan post of the
ANNETTE EADERESTO, LEC EIN 11-3409567 2C Plan sponsor's telephone number (631) 878-2282 2d Business code (see instructions) 541990 3D Administrator's name and address (if same as plan sponsor, enter "Same") 3D Administrator's telephone number 3C Administrator's telephone number 3C Administrator's telephone number 3D Ell 2D 2D 2D 2D 2D 2D 2D
26 Plan sponsor's telephone number (631) 878-2282 27 Business code (see instructions) 541990 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") 39 Administrator's telephone number (631) 878-2282 30 Administrator's telephone number (880) 30 Administ
18 RAILROAD AVENUE US CENTER MORICHES NY 11934 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b 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 plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year. 5 In Total number of participants at the beginning of the plan year. 5 In Total number of participants at the end of the plan year. 5 In Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this liten). 5 In Total number of participants at the beginning of the plan year invested in eligible assets? (See Instructions.) 5 In Total plan assets during the plan year invested in eligible assets? (See Instructions.) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) 6 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If You answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 If You a
2d Business code (see Instructions) 511990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's Namo 5a Total number of participants at the beginning of the plan year. 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem) 5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 GFR 2520.104-467 (See instructions on waiver eligibility and conditions.) 6c If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500. 6c Total plan assets 6c (a) Beginning of Year 7c (50,992) 6d (b) End of Year 7c (50,992) 6d (b) End of Year 7c (50,992) 6d (c) Net plan assets (subtract fine 7b from line 7a) 7 Plan Assets and Transfers for the Plan Year 7c (50,992) 6d (c) Net plan assets (subtract fine 7b from line 7a) 7 Processes and Transfers for the Plan Year 8 Incomp. Francesses and Transfers for the Plan Year
Server S
3b Administrator's name and address (if same as plan sponsor, enter "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 plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's Name 4 C PN 5 A C PN 5 A D Total number of participants at the beginning of the plan year. 5 Number of participants at the end of the plan year. 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this ltem). 6 A Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) 6 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) 6 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-9F and must instead use Form 5500. 7 Plan Assets and Liabilities 7 A GO, 992 61, 564 7 Total plan issets 7 A GO, 992 61, 564 8 Income Expenses and Transfers for this Plan Year.
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the approach as ponsor's Name 3 ponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the appear name, EIN, and the plan number from the last return/report. 3 Sponsor's Name Total number of participants at the beginning of the plan year
name, EIN, and the plan number from the last return/report. 3 Sponsor's Name Total number of participants at the beginning of the plan year
name, EIN, and the plan number from the last return/report. 3 Sponsor's Name Total number of participants at the beginning of the plan year
a Sponsor's Name Total number of participants at the beginning of the plan year
Total number of participants at the end of the plan year
Total number of participants at the end of the plan year
complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.) If you answered "No" to elither 6a or 6b, the plan cannot use Form 5500-3F and must instead use Form 5500. Plan Assets and Liabilities A Beginning of Year Total plan assets Total plan assets Total plan liabilities Total plan liabilities Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a)
Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to elither 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Plan Assets and Liabilities A Beginning of Year Total plan assets
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (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 5500-8F and must instead use Form 5500. Plan Assets and Liabilities (a) Beginning of Year (b) End of Year
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. Plan Assets and Liabilities Total plan assets
Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Total p
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets
a Total plan assets
b Total plan liabilities
C Net plan assets (subtract line 7b from line 7a)
8 Invertie Expenses and Transfere for this Plan Voor
O Income, Expenses, and Translets for this Plan Year (a) Amount ((b) Total
a Contributions received or receivable from:
(1) Employers
(2) Parlicipants
(3) Others (including rollovers)
b Other Income (loss)
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 572
A Danglite and //polysting discal sellenges and it
d Benefits paid (including direct rollovers and insurance premiums
lo provide benefits)
to provide benefits)

Par	V Plan Characteristics		· · · · · · · · · · · · · · · · · · ·						
9a	f the plan provides pension benefits, enter the applicable pension feature	e codes from the Lis	of Plan Characteris	stic C	odes i	n the i	nstructions:		
b	2E 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characlerist	ic Co	ides in	the in	structions:		
Par	Compliance Questions		· ·						
10	During the plan year:				Yes	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions			10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do			100					
	on line 10a.)		1	10b		×			<u> </u>
c	Was the plan covered by a fidelity bond?			10c	х			10	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	•	•	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other pellinsurance services or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan? .			101		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	, , , , ,	10g		х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
	M Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))					•		Yes X	No
12	Is this a defined contribution plan subject to the minimum funding requ (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	irements of section						Yes X	No
a lf v	If a waiver of the minimum funding standard for a prior year is being an granting the waiver		Montl						
b	Enter the minimum required contribution for this plan year	•			. Γ	12b			
Ç	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 negative amount)	•	-		. [12d			
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?		<u></u>		· · · · ·	Yes	No L	N/A
Part	Plan Terminations and Transfers of Assets		 						=1.
13a	Has a resolution to terminate the plan been adopted in any plan year?							Yes X	<u>C</u>]No
	if "Yes," enter the amount of any plan assets that reverted to the employee					13a			
b c	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?					ol		Yes X	ΩNo
	which assets or liabilities were transferred. (See Instructions.)	na pian to anomor pi	antes, toothey the pi	ants,	, 10				
	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3) PN	V(s)
Cauti	on: A penalty for the late or incomplete filling of this return/report w	ili be assessod unl	ess reasonable cau	ıse i	s esta	bilshe	d,		
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true correct, and formatic.	eclare that I have exa the electronic version	imined this return/re n of this return/repor	port, t, an	includ d to the	ling, if e best	applicable, a of my knowle	Schedule dge and	
Sig		10/10/12	ANNETTE EADEI	NES:	ro	•			
	RE Multiple of plan administrator	Date	Enter name of Indi			ng as	plan administ	rator	
SIG		AL CONTRACTOR OF THE PARTY OF T							
	Signature of employer/plan sponsor	Date	Enter name of indi	vidua	ıl signi	ng as	employer or p	lan sponsor	

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