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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	1 the instructions to the Form 55	000-5F.		
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 06/01/201	1	and ending	05/31/20	012	
Α	This return/report is for: $oxed{ imes}$ a single-employer plan $oxed{ o}$	a multiple	-employer plan (not multiemployer)	a one-particip	oant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12	months)		
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter descriptio	n)				
Pa	Irt II Basic Plan Information—enter all requested information	ation				
1a	Name of plan				Three-digit	
ISAD	ORE A. RAPASADI & SONS, INC. PROFIT SHARING PLAN				plan number	000
					(PN) •	003
				10	Effective date of 06/01	•
	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identi	fication Number
ISAE	ORE A. RAPASADI & SONS, INC.			((EIN) 16-10	58340
				2c	Sponsor's telep	
	N PETERBORO ST			24	315-69	
CAN	ASTOTA, NY 13032			2 0	Business code (42450	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	2")	3b /	Administrator's I	_
	ORE A. RAPASADI & SONS, INC. 400 N PETER CANASTOTA	RBORO ST	• '		16-10	58340
	CANASTOTA	, 141 1303	2	3c /	Administrator's t 315-697	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			-	PN	
	Total number of participants at the beginning of the plan year			- Ou		2
b	Total number of participants at the end of the plan year			5b		2
С	Number of participants with account balances as of the end of the p complete this item)			5c		1
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No
b	Are you claiming a waiver of the annual examination and report of a					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.		
7			(a) Denimain a of Vern		/b) Fm d	of Voca
-	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year		(b) End	25654
a b	Total plan liabilities	7a 7b	0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	117583			25654
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	
а	Contributions received or receivable from:		• •		(,	
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-7924			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-7924
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	81188			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	2817			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				84005
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-91929
j	Transfers to (from) the plan (see instructions)		0			

Form	5500-	SF	201

Part IV	Plan Characteristics

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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				
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		Х				
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	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. П	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Enter the minimum required contribution for this plan year			12b				
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 conegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	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							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		П	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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	1	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the second set of the second							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/13/2013	ALAN MARCIANO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Complete all entries in accordance with the instructions to the Form 6500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Repo	ort Identification Information	serving and the	AA	05/31/2012	
or the calendar plan year 201	1 or fiscal plan year beginning	06/01/20			
This return/report is for:	x a single-employer plan	a multiple-emp	loyer plan (not multlemployer)	a one-partic	cipant plan
This return/report is:	the first return/report	the final return	report .		
	an amended return/report	a short plan ye	ar return/report (less than 12 mor	nths)	
Ot and how it films under	X Form 5558	automatic exte	nsion	DFVC prog	ram
Check box if filing under:	special extension (enter description	,			
	nformation enter all requested Infor	mation.		1b Three-digit	
a Name of plan				plan number	003
ISADORE A. RAPASA	DI & SONS, INC. PROFIT SHARIN	G PLAN		(PN) ► 1c Effective date	
				06/01/198	
	address; include room or suite number (em	nlover If for sin	ale-employer plan)	2b Employer Ide	
Plan sponsor's name and Isadore A. Rapasa	di & Sons, Inc.	proyer, it for our	gio amproyer pressy	(EIN) 16-1	
1544020 17, 184				2c Plan sponsor	s telephone number
				(315) 697	-2216
400 N PETERBORO S	ST			2d Business cod	e (see instructions)
S CANASTOTA	NY 13032			424500	AU A
S CANASTOTA Plan administrator's name	e and address (If same as plan sponsor, en	ter "Same")		3b Administrator	's EIN
Same	The state of the s			STATE OF THE PARTY.	
				3c Administrator	's telephone number
				AT - MTA	
		a baran da a mark	fled for this plan, enter the	4b EIN	
If the name and/or EIN of	f the plan sponsor has changed since the la number from the last return/report.	st return/report	med for this bian, error me		
a Sponsor's Name				4c PN	**
a Total number of participa	ints at the beginning of the plan year .			5a	29
h Talal number of particing	ents at the end of the plan year			5b	
 Number of participants w 	ith account balances as of the end of the pl	an year (define) Delient plans do not	5c	10
complete this item)	sets during the plan year invested in eligible	assets? (See in	nstructions.)		X Yes No
h Are you deliming a waive	of the annual examination and report of a	n independent o	jualified public accountant (ICIPA)		
	487 (See instructions on waiver diigibility of	in continuoria.)			X Yes No
If you answered "No" to	either 6a or 6b, the plan cannot use For	m 5500-SF and	must instead use Form 5500.		
Part III Financial In				(b) F	nd of Year
Plan Assets and Liabilitie	es		(a) Beginning of Year	(u) c	25,654
a Total plan assets		+ 7a	117,583		25,654
b Total plan liabilities		, 7b	0		
C Net plan assets (subtrac	t line 7b from line 7a)	, 7c	117,583		25,654 (b) Total
	Transfers for this Plan Year		(a) Amount	Section of Arthritis	production of the party
a Contributions received o		. 8a(1)	0		
(1) Employers		. 8a(2)	0		
(2) Participants		. 8a(3)	0		
(3) Others (including roll b Other income (loss)		. 8b	(7,924)	12.34.73.2	Land William
	8a(1), 8a(2), 8a(3), and 8b)	. 8c	DATE OF A STATE OF	407	(7,924)
d Benefits pald (including	direct rollovers and insurance premiums		81,188	LEAST STATE	Markey Film
to provide benefits)			81,188	A. 1988 S. C. T. C. S.	Same Tark
	corrective distributions (see instructions) .	. 8e	CARL CHARLE CONTRACTOR		
	roviders (salaries, fees, commissions)	. 8f	2,817	(人) は他のなるのでは、大きりを	
g Other expenses		- 8g		The state of the	84,005
	es 8d, 8e, 8f, and 8g)	. 8h		4-1-1	(91,929)
	act line 8h from line 8c).	81		0435 4 01	(91,929)
	olan (see instructions)	. 8]			

Page	2-	

Form 5500-SF 201	11	1	ı
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Part I	/ Plan Characteristics					
	e plan provides pension benefits, enter the applicable pension feature 2E 2F 2H 2R 3D e plan provides welfare benefits, enter the applicable welfare feature of					
Part \	Compliance Questions					
27 10 - 7	uring the plan year:			13	Yes No	Amount
a v	las there a failure to transmit to the plan any participant contributions w	vithin the time perio	d described in	10a	x	
b v	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co Vere there any nonexempt transactions with any party-in-interest? (Do r in line 10a.)	not include transact	ions reported	10b	x	
				10c	x	
d D	/as the plan covered by a fidelfly bond?. Id the plan have a loss, whether or not reimbursed by the plan's fidelity r dishonesty?	bond, that was car	used by fraud	10d	x	
ir	Vere any fees or commisions paid to any brokers, agents, or other persusurance services or other organization that provides some or all of the astructions.)	benefits under the	plan? (See	10e	x	
	as the plan falled to provide any benefit when due under the plan? .			10f	x	
	id the plan have any participant loans? (If "Yes," enter amount as of ye			0.00	x	
h H	this is an individual account plan, was there a blackout period? (See in 520.101-3.)	structions and 29	CFR		×	Oracle (\$1955) (\$1.2875)
1 1	10h was answered "Yes," check the box if you either provided the requirements to providing the notice applied under 29 CFR 2520.101-3.	ulred notice or one	of the			eat mile
Part V	Pension Funding Compliance					
11 1	this a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instr	uctions and comple	ete Sc	hedule SB (f	orm Yes X No
lf you	ranting the walver	Form 5500), and s	KIP to line 13.		. 12b	
d s	subtract the amount in line 12c from the amount in line 12b. Enter the re egative amount)	esult (enter a minu	s sign to the left of	а .	12d	☐Yes ☐No ☐N/A
e v	VIII the minimum funding amount reported on line 12d be met by the fu	nding deadline? .				Lifes Lino Lina
Part V	II Plan Terminations and Transfers of Assets			-		Tives [V]No
1	tas a resolution to terminate the plan been adopted in any plan year? "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	* * * * * * * *		13a	Yes X No
0 1	Vere all the plan assets distributed to participants or beneficiaries, tran if the PBGC? f during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)		The second secon	115000		∐Yes ☒No
-	c(1) Name of plan(s):				13c(2) E	EIN(s) 13c(3) PN(s)
Cautlo	· A negality for the late or incomplete filling of this return/report wi	II be assessed un	less reasonable c	ause	is establish	ed.
Under p	enalties of perjury and other penalties set forth in the instructions, I de- chedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	place that I have as	amined this return/rep	report, a	t, including, i nd to the ber	f applicable, a Schedule
SIGN	1 1/0///	2/11/13	1257		semy	
HER		Date	Enter name of in			s plan administrator
SIGN	1/1/1/1/	2/11/3	1306		pisal	
HER		Date	Enter name of in	ndivid	ual signing a	s employer or plan sponsor