## 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).

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		dance witl	h the instructions to the Form 5500	0-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 11/01/201	1	and ending 1	0/31/2	012		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)	Ī	a one-partici	oant plan	
	This return/report is:		eturn/report	L		•	
			•	ontha)			
_		·	an year return/report (less than 12 mo	ontns) r	¬		
С	Check box if filing under:	automatio	extension		DFVC progra	ım	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
	RERO TOOL SALES CO. INC, PROFIT SHARING PLAN				plan number		
					(PN) ▶	002	
				1c	Effective date o	f plan	
					03/14	/1979	
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)		Employer Identi		
WAR	RERO TOOL SALES CO., INC.				(=114)	05521	
				2c	Sponsor's telep		
	OX 206 PO BOX 206				845-49		
BLO	DMING GROVE, NY 10914 BLOOMING	GROVE, N	NY 10914	2d	Business code (		:)
					42370		
	Plan administrator's name and address (if same as plan sponsor, e		·")	3b	Administrator's	EIN 605521	
WAK	RERO TOOL SALES CO., INC. PO BOX 206 BLOOMING (		Y 10914	20			
		•		36	Administrator's 1		er
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	FIN		
•	name, EIN, and the plan number from the last return/report.	idot rotarrij	repert med for time plant, errier the	70	LIIV		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
b	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			30			
Ŭ	complete this item)			5с			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b			'				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	rt III   Financial Information	_					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	424796			449974	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)		424796			449974	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Total	
а	Contributions received or receivable from:		(a) Amount		(5)	<b>-</b>	
_	(1) Employers	. 8a(1)	4016				
	(2) Participants	. 8a(2)					
	(3) Others (including rollovers)						
b	Other income (loss)		42334				
	` ,					46350	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>				10000	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	18251				
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)	. 8f	2921				
g	Other expenses					04470	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					21172	
į	Net income (loss) (subtract line 8h from line 8c)					25178	
j	Transfers to (from) the plan (see instructions)	· 8j					

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Part IV	Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 20

**HERE** 

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions

D	II U	ne plan provides wellare benefits, enter the applicable wellare reature codes from the List of Plan Chara-	ciensi	ic Coo	ies in i	.ne mstru	Cuons.	
Part	: <b>V</b>	Compliance Questions						
10	Dι	uring the plan year:		Yes	No		Amou	unt
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X			
С	W	as the plan covered by a fidelity bond?	10c		X			
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X			
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X			
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		X			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		X			
i		10h 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			
Part	VI	Pension Funding Compliance				•		
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes X No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	[]	Yes X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gra	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401			
		ter the minimum required contribution for this plan year			12b	<del> </del>		
C		ter the amount contributed by the employer to the plan for this plan year			12c	<b>↓</b>		
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d			
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Ha	s a resolution to terminate the plan been adopted in any plan year?	<u></u>			Yes X	No	
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co	ontrol			Yes X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify thich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	١			
1	13c(	1) Name of plan(s):		13	c(2) E	IN(s)	1:	<b>3c(3)</b> PN(s)
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		
Unde SB o	er pe	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this returned.	ırn/rep	ort, ir	cludin	ng, if appl		
belie	f, it i	is true, correct, and complete.  Filed with authorized/valid electronic signature.  04/30/2013  ALEX MARRERO	)					

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

## Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Department of Labor Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500-SF.

	Annual Depart Identification Information						··········
	Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning 11/01/2011			nd or	ding 1	0/31/2012	
		nlover		nd en		a one-participant p	
A B				munte	inployer/ [_	a one-participant p	ACTI
_		-		t (less	than 12 mont	hs)	
С	Check box if filing under: Form 5558 automatic ex		-	. 11000		DFVC program	
	special extension (enter description)	10115101	•			Bi vo program	
Pa	rt II Basic Plan Information - enter all requested information				:		
	Name of plan			1b	Three-digit		
	RRERO TOOL SALES CO. INC, PROFIT SHARING	PL	AN		plan number (f	PN) 🕨 (	002
	,			1c	Effective date	of plan	_
					03/1	4/1979	
2a	Plan sponsor's name and address; include room or suite number (employer, if for single-	employe	r plan)	2b	Employer Iden	itification Number (E	ΞIN)
MΑ	RRERO TOOL SALES CO., INC.				14-1	605521	
					•	phone number	
ΡO	BOX 206				<u>4969778</u>		
				2d		e (see instructions)	٠.
BL	OOMING GROVE NY 10914				4237		
	Plan administrator's name and address (if same as plan sponsor, enter "Same"	)		3b	Administrator's	s EIN	
SA	ME						
				30	Administrator's	s telephone numbe	r
				4h	FINE		
	the name and/or EIN of the plan sponsor has changed since the last return/rep	οιτ πιεα	tor this	4b	EIN		
	lan, enter the name, EIN, and the plan number from the last return/report.			4¢	DN		
а	Sponsor's name			70	MIN	•	
 5a	Total number of participants at the beginning of the plan year			5a		2	
	Total number of participants at the beginning of the plan year			5b		2	
C	Number of participants with account balances as of the end of the plan year (d						
	benefit plans do not complete this item)			5c		2	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S					X Yes	No
_	Are you claiming a waiver of the annual examination and report of an independent						,
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co	ondition	ns.)			X Yes	∐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and m	ust inste	ad us	e Form 5500.		
Pa	rt III Financial Information	Terrorestal				I	
7	Plan Assets and Liabilities		(a) Be	<del>-</del>	ng of Year	(b) End of Y	
	Total plan assets	7a		4	24,796	4.4	<u>19,974</u>
	Total plan liabilities	7b			04 506		10 001
	Net plan assets (subtract line 7b from line 7a)	7с			24,796		<u>19,974</u>
3	Income, Expenses, and Transfers for this Plan Year	112112212		a) Am	iount .	(b) Total	i Isiniswa maele
а	Contributions received or receivable from:	0-44)			4,016		
	(1) Employers	8a(1)			4,010		
	(2) Participants	8a(2)					
h	(3) Others (including rollovers)  Char income (local)  CEE CRAPEMENT 1	8a(3)			42,334		
	Other income (loss) SEE STATEMENT 1  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		24.50	<u> </u>	Z	16,350
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		;;;( =)	18,251	STATEMENT	
d	Certain deemed and/or corrective distributions (see instructions)	8e					
e f	Administrative service providers (salaries, fees, commissions)	8f			2,921	STATEMENT	r 3
g	Other expenses	8g	<del></del>				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			MCDS SECRET	2	21,172
i	Net income (loss) (subtract line 8h from line 8c)	8i					25,178
i	Transfers to (from) the plan (see instructions)	8i					

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Part IV	Plan	Characte	ristics

9a 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 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<del> </del>	rt V Compliance Questions			1		
10	During the plan year:			Yes	No	Amount
a	Was there a failure to transmit to the plan any participal		1			
_	in 29 CFR 2510.3-102? (See instructions and DOL's				X	· · · · · · · · · · · · · · · · · · ·
b	Were there any nonexempt transactions with any		1			
					X	Lance
	Was the plan covered by a fidelity bond?				X	
d	Did the plan have a loss, whether or not reimburs	sed by the plan's fidelity l				
				-	X	
е	Were any fees or commissions paid to any broke					
	carrier, insurance service or other organization th	nat provides some or all c	f the benefits under			
_					<u>X</u>	
	Has the plan failed to provide any benefit when o				X	
	Did the plan have any participant loans? (If "Yes,				X	
h	If this is an individual account plan, was there a b	olackout period? (See ins	tructions		-11	
	and 29 CFR 2520.101·3.)				X	
í	If 10h was answered "Yes," check the box if you	either provided the requ	ired notice or one	:	-i:	
	of the exceptions to providing the notice applied	under 29 CFR 2520.101	-310i		X	
Pai	rt VI Pension Funding Compliance					
1	Is this a defined benefit plan subject to minimum	funding requirements? (	If "Yes," see instructions and	i comp	ete	<u>г</u>
	Schedule SB (Form 5500))					Yes X No
2	Is this a defined contribution plan subject to the	minimum funding require	ments of section 412 of the	Code o	r	,, ,,
	section 302 of ERISA? (If "Yes," complete 12a or	r 12b, 12c, 12d, and 12e	below, as applicable.)			Yes X No
а	If a waiver of the minimum funding standard for a	a prior year is being amor	tized in this plan year, see in	structio	ns, and	l enter the date of the letter
	ruling granting the waiver.				y	
lf ·	you completed line 12a, complete lines 3, 9, an					
	Enter the minimum required contribution for this				12b	
	Enter the amount contributed by the employer to				12c	
	Subtract the amount in line 12c from the amount					
	the left of a negative amount)			*	12d	
e	Will the minimum funding amount reported on lin				Ye	s No N/A
	rt VII Plan Terminations and Transfe		2.1.9		, I I	
	Has a resolution to terminate the plan been adop					Yes X No
oa	If "Yes," enter the amount of any plan assets tha				13a	
h	Were all the plan assets distributed to participan					
IJ	under the control of the PBGC?					Yes X No
_	If during this plan year, any assets or liabilities we					
U	<del>-</del> · · · · · · · · · · · · · · · · · · ·	ere transferred from triis	plan to another plants, ident	ily tile	piai (o) t	O WITHOUT EBSOUS OF
	liabilities were transferred. (See instructions.)			13c(2)	EINI(e)	13c(3) PN(s)
1	I3c(1) Name of plan(s):			100(2)	LIIV(3)	100(0) 114(0)
			1			
			1			
	tion: A penalty for the late or incomplete filing					
nder igned	penalties of perjury and other penalties set forth in the instructions I by an enrolled actuary, as well as the electronic version of this retain	s, I declare that I have examined the urn/report, and to the best of my	nis return/report, including, if applicab knowledge and belief, it is true, correc	le, a Sche t, and cor	dule SB or nplete.	Schedule MB completed and
SIGI		04/30/2013	ALEX MARRERO			
HER	Signature of plan administrator	Date	Enter name of individual sig	gning a	s plan a	dministrator
SIGI	N V alex manero	0413012013	LLEX MARRERO			
HER		Date	Enter name of individual sig	ning a	emplo	yer or plan sponsor
3331.77	all digurdate or employer bion abortion	1	1			<u> </u>