## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2017 or fis	cal plan year beginning 07/01/20	_		3/30/2018				
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
		a one-participant plan	a foreign plan						
<b>B</b> This ret	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
	_	special extension (enter descri	. ,						
Part II	Basic Plan Infor	rmation—enter all requested info	ormation						
1a Name of plan R&R SALVAGE INC. RESTATED DEFERRED PROFIT SHARING					<b>1b</b> Three-plan n (PN)	umber			
						ve date of plan 07/01/1966			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number			
City o	r town, state or province	e, country, and ZIP or foreign posta		structions)	(EIN) 16-0752458  2c Sponsor's telephone number				
R&R SALVAGE INC.									
1329 WILLIAM ST					2d Business code (see instructions)				
BUFFALO, NY 14206-1806					423990				
3a Plan administrator's name and address Same as Plan Sponsor.					<b>3b</b> Administrator's EIN				
R & R SALV	/AGE INC.	1329 WILL BUFFALO	_IAM ST , NY 14206-1806		16-0752458 <b>3c</b> Administrator's telephone number				
BOTT ALO, NT 14200-1000					716-856-3608				
		plan sponsor or the plan name ha			<b>4b</b> EIN				
	olan, enter the plan spon sor's name	nsor's name, EIN, the plan name ar	nd the plan number from	the last return/report.	<b>4d</b> PN				
C Plan Name									
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a				
<b>b</b> Total	<b>b</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 plan year (only defined contribution plans complete this item)				· ·	5c				
d(1) Total number of active participants at the beginning of the plan year					5d(1)	2			
d(2) Total number of active participants at the end of the plan year			5d(2)	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				<b>5e</b> 5					
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/v	valid electronic signature.	01/25/2019	ROBERT REDINO					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing a	s plan administrator			
SIGN	Filed with authorized/	valid electronic signature.	01/25/2019	ROBERT REDINO					
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF 2017 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes No				
b	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.)					X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes							Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year		
а	Total plan assets					494411				
b	Total plan liabilities	bilities								
С	Net plan assets (subtract line 7b from line 7a)	7c	40	461318				494411		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b)	(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)		,	33093						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						33093		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						33093		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			,				
	Program)			10a		X				
	<b>b</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	<b>d</b> 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	<b>e</b> 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	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 exceptions to providing the notice applied under 29 CFR 2520.101			10i						

Form 5500-SF 2017	Page <b>3-</b> 1		
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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [	Yes	No	N/A	
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to				
13c(1) Name of plan(s): 13c(2)			2) EIN(s)		<b>13c(3)</b> PN(s)	