## 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur						
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	automatio	extension	DFVC program					
	-	special extension (enter description	on)			_			
Pa	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	orice an requested intern	idilon		1b	Three-digit			
	LECTRONIC DISTRIBUTORS	, INC. 401K PLAN				plan number			
						(PN) • 001			
					1c	Effective date of plan			
	D				01/01/2001				
	Plan sponsor's name and addi LECTRONIC DISTRIBUTORS	ress (employer, if for single-employer	· plan)		<b>2b</b> Employer Identification Num (EIN) 11-2788902				
IXO L	ELOTRONIO DIOTRIBOTORO	, 110.			2c Plan sponsor's telephone number				
	IORTH BELLE MEAD ROAD					631-689-2200			
EAS	SETAUKET, NY 11733				2d	Business code (see instructions)			
32	Plan administrator's name and	l address (if same as Plan sponsor, e	nter "Same	۵")	3h	334410 Administrator's EIN			
	LECTRONIC DISTRIBUTORS			,	35	11-2788902			
EAST SETAUKET, NY 11733				11733	3с	Administrator's telephone number			
						631-689-2200			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	iamo, Em, ana mo piamiamo	or morn the last retain proport. Openior	or o marrie		4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	9			
b	Total number of participants a	t the end of the plan year			5b	9			
С	Total number of participants w	vith account balances as of the end o	f the plan y	vear (defined benefit plans do not					
	complete this item)				5c	9			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes   No			
b		he annual examination and report of				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Inform		01111 0000	or and muct motoda acc r crim co					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	170989	)	255654			
b	. otal pian according								
C	•	7b from line 7a)		170989	)	255654			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
a	Contributions received or rece			(a) 7 uno ant		(2) 10 (2)			
	(1) Employers		. 8a(1)		_				
	(2) Participants		. 8a(2)	44350	)				
	(3) Others (including rollovers	8)	. 8a(3)						
b	Other income (loss)		. 8b	50927	7				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			95277			
d		rollovers and insurance premiums	. 8d	10612	2				
е		tive distributions (see instructions)	8e						
f	Administrative service provide	ers (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	·	8e, 8f, and 8g)				10612			
i		e 8h from line 8c)				84665			
i		ee instructions)							

Part IV	Plan (	Characteristics

SIGN HERE

Signature of employer/plan sponsor

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

**b** 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	Durir	During the plan year:						Amount				
а		Was there a failure to transmit to the plan any participant contributions within the time period described i					X					
b		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									_	
					10b		X					
С	Was	the plan covered by a fidelity bond?			10c		Χ					
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
	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.)									789	9	
f	Has	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.)				10g		X				_	
_	If this	s is an individual account plan, was there a blackout period? (See	instructions and 29	O CFR	10h		X					
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i		X					
Part '	VI	Pension Funding Compliance										
		s a defined benefit plan subject to minimum funding requirements							Yes	s X No	_	
12		))is a defined contribution plan subject to the minimum funding requ							Yes		_	
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the Code	or se	Clion	002 01	EKISA!		, [] 110		
	`	raiver of the minimum funding standard for a prior year is being ar	,	n year, see instruc	tions,	and e	nter th	e date of th	e letter r	uling		
	-	ing the waiver.			:h		Day		ear			
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME		-		Г	405					
		the minimum required contribution for this plan year				⊢	12b					
		r the amount contributed by the employer to the plan for this plan				⊢	12c				_	
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)						12d					
е	Will t	he minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A	_	
Part '	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	No	,	
	If "Ye	es," enter the amount of any plan assets that reverted to the emplo	over this year				13a					
-	Were	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							,			
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s)			13c(	<b>3)</b> PN(s)		
											_	
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will he assessed i	ınless reasonahl	e can	se is	establ	ished			_	
Under SB or	pena Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cluding	g, if applicat			_	
SIGN	Fil	Filed with authorized/valid electronic signature.  08/24/2010 FRANK HARRISON										
HERE	_	Signature of plan administrator Date Enter name of in			dividu	dividual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

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OMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Genefits Security Administration

Transfers to (from) the plan (ego instructions)

## 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).

2009

This Form Is Open to Public

Inspection Pension Benefit Gueranty Corporation Complete all entries in accordance with the instructions to the Form 5500-8F Annual Report Identification Information 12/31/2009 and ending 01/01/2009 For calendar plan year 2009 or fiscal plan year beginning 🔀 single employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number KC ELECTRONIC DISTRIBUTORS, INC. 401K PLAN 001 (PN) 1c Effective date of plan 01/01/2001 2b Employer Identification Number Plan sponsor's name and address (employer, if for single-employer plan) KC\_ELECTRONIC\_DISTRIBUTORS, INC. (EIN) 11-2788902 Plan sponsor's telephone number (631)689-2200 186 NORTH BELLE MEAD ROAD Business code (see instructions) 334410 11733 EAST SETAUKET 3b Administrator's EIN 3a Pign administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 9 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 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c Yes Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520 104-467 (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. Part III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 255,654 170,989 7a Total plan assets..... 7h Total plan liabilities 255,654 170,989 7c Net plan assets (subtract line 7b from line 7a)..... (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 8a(1) (1) Employers ..... 44,350 8a(2) (2) Participants ..... 8a(3) (3) Others (including rollovers)..... 50,927 8b Other income (loss)..... 95,277 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... Senefits paid (including direct rollovers and insurance premiums 10,612 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... 80 Administrative service providers (salaries, fees, commissions)...... 8f 8g Other expenses..... 10,612 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 84,665 Net income (loss) (subtract line 8h from line 8c).....

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HERE

Signature of employed files engages

ROCCO ROTUNNO

Enter name of individual signing as amployee or plan enonent

Page 2-Form 5500-SF 2009 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: 2F2G 2J2K3D 2EIf the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compilance Questions Yes No Amount 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) ...... Х 102 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b Х on line 10a.) 10c Х Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d х or dishonesty? 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 789 Х 10e instructions.) Has the plan failed to provide any benefit when due under the plan? 101 Х 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 instructions and 29 CFR 10h Х 2520.101-3.) 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..... 101 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 instructions, and enter the date of the letter ruling Year granting the walver. ...... Month \_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Plan Terminations and Transfers of Assets Part VII X Yes No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 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 ROCCO ROTUNNO 20 SIGN Enter name of individual signing as plan administrator Date Signature of plan administrator HERE

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