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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Comple	te all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	P			
	art I Annual Report Identification								
For	calendar plan year 2010 or fiscal plan year be	eginning 01/01/20	10	and ending 1	2/31/2	2010			
Α .	This return/report is for:	loyer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	report	final retur	n/report					
		ed return/report	short plar	year return/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	Ī	automatic	extension		DFVC program			
	The state of the s	ـ ension (enter descript							
Dr	art II Basic Plan Information—en	` '							
	Name of plan	er all requested inion	Hallon		1h	Three-digit			
	MAC DISTRIBUTING CORPORATION PROF	IT SHARING PLAN			10	plan number			
						(PN) • 001			
					1c	Effective date of plan			
						01/01/1980			
	Plan sponsor's name and address (employed MAC DISTRIBUTING CORPORATION	r, if for single-employe	er plan)		2b	Employer Identification Number			
AIK I	WAC DISTRIBUTING CORPORATION				20	(EIN) 13-2598221 Plan sponsor's telephone number			
	NORTH BEDFORD ROAD				20	914-241-9170			
	E 115 NT KISC, NY 10549				2d	Business code (see instructions)			
0 -					01	423990			
3a AIR N	Plan administrator's name and address (if sa MAC DISTRIBUTING CORPORATION	me as Plan sponsor, 333 NORTH	enter "Same HBEDFORI	e") DROAD	3D	Administrator's EIN 13-2598221			
		SUITE 115 MOUNT KIS	SC NV 105	49	3c	Administrator's telephone number			
		WOONT RR	50, 141 105		914-241-9170				
	f the name and/or EIN of the plan sponsor ha			port filed for this plan, enter the	4b EIN				
١	name, EIN, and the plan number from the las	t return/report. Spons	sor's name		4c	PN			
5a	Total number of participants at the beginning	of the plan year			5a	20			
b	Total number of participants at the end of the				5b	19			
C	Total number of participants with account be				30				
	complete this item)			` .	5c	9			
6a	Were all of the plan's assets during the plan	year invested in eligi	ble assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual exa					⊠ v □ v.			
	under 29 CFR 2520.104-46? (See instruction					Yes No			
Da	If you answered "No" to either 6a or 6b, to the state of	ne pian cannot use	Form 5500-	SF and must instead use Form 55	00.				
						# 1 = 1			
7	Plan Assets and Liabilities		_	(a) Beginning of Year	5	(b) End of Year 789756			
	Total plan liabilities		<u>7a</u>		0	0			
b	Total plan liabilities			71803		789756			
<u>C</u>	Net plan assets (subtract line 7b from line 7a		7с						
8	Income, Expenses, and Transfers for this PI	an year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers		8a(1)		0				
	(2) Participants			(0				
	(3) Others (including rollovers)			(0				
b	Other income (loss)			84572	2				
С	Total income (add lines 8a(1), 8a(2), 8a(3),					84572			
d	Benefits paid (including direct rollovers and			4005					
	to provide benefits)	·	8d	1285	_				
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e		0				
f	Administrative service providers (salaries, fe	es, commissions)	8f		0				
g	Other expenses		8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			12851			
i	Net income (loss) (subtract line 8h from line	8c)	<u>8i</u>			71721			
j	Transfers to (from) the plan (see instructions	3)	8i		0				

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

If the plan provides welfare henefits, 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		Amo	ount	
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					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					15865
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 comp 5500))						Yes	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 E	ERISA?.	📗	Yes	X 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. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							ing
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 of negative amount)			12d	_			_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	Ю	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 upon the PBGC?	ınder	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.)	e plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature 04/11/2011 IOHN SANTOPO)						

SIGN	Filed with authorized/valid electronic signature.	04/11/2011	JOHN SANTORO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/11/2011	JOHN SANTORO
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 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

ÉΡ	artil Annual Report Identification Information								
	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12,	/31/2010			
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (no	t multiemployer)		one-participant plan			
	This return/report is for: first return/report	final return	/report			-			
_			•	rt (less than 12 month	s)				
_	片	automatic	· ·		-, Г	DFVC program			
C	Ondok Box ii iiskig dirdor.		extension		L] 151 vo program			
C. C.	special extension (enter description)		· · · · · · · · · · · · · · · · · · ·						
	Basic Plan Information enter all requested inform	nation.			41				
та	Name of plan					hree-digit olan number			
	AIR MAC DISTRIBUTING CORPORATION PROFIT SHARING	G PLAN				PN) ► 001			
						Effective date of plan			
22	Plan sponsor's name and address (employer, if for single-employer plans	n)				01/01/1980 Employer Identification Number			
La	AIR MAC DISTRIBUTING CORPORATION	2117				EIN) 13-2598221			
						lan sponsor's telephone number			
	333 NORTH BEDFORD ROAD SUITE 115			-	(914) 241-9170 2d Business code (see instructions)				
US	MOUNT KISC NY 10549					123990			
3a	Plan administrator's name and address (If same as plan employer, en	ter "Same")		3b <i>A</i>	Administrator's EIN			
	Same								
					3c /	Administrator's telephone number			
4	If the name and/or EiN of the plan sponsor has changed since the last	return/rep	ort filed for this	olan, enter the	4b EIN				
	name, EIN and the plan number from the last return/report. Sponsor's	Name			4c PN				
5a	Total number of participants at the beginning of the plan year				5a	20			
b	Total number of participants at the end of the plan year			r	5b	19			
C	Total number of participants with account balances as of the end of the				5c	9			
62	complete this item)					' 			
b	Are you claiming a waiver of the annual examination and report of an i								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions	.)			XYes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	ind must instea	id use Form 5500.					
	TEIII Financial Information				<u> </u>				
7	Plan Assets and Liabilities	A CONTROL OF THE PARTY OF THE P	(a) Be	ginning of Year	-	(b) End of Year			
a	Total plan assets	7a		718,035		789,756			
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		718,035		789,756			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	***************************************	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)	_	0	off or control of				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		84,572	272.05.1				
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second secon		2 2	84,572			
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		12,851					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	and the same of th				
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g	The second secon	0		12,851			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				71,721			
ĺ	Net income (loss) (subject line 8h from line 8c)	8i			Marie	/1,/21			
Ĺ	Transfers to (from) the plan (see instructions)	8j		0					

Par	Plan Characteristics			-					
9a	If the plan provides pension benefits, enter the applicable pension feature	e codes from the Lis	t of Plan Characteristi	c Code	in the	instructions	:		
b	2B 2E If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characteristic	Codes	in the i	nstructions:			
Pai	tV Compliance Questions						•		
10	During the plan year:			Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribution v	vithin the time period	d described in		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			а	+			. -	
IJ	on line 10a.)			b	x				
C	Was the plan covered by a fidelity bond?		10	c x				75,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit				1				
	or dishonesty?	d	X						
е	Were any fees or commisions paid to any brokers, agents, or other per								
	insurance services or other organization that provides some or all of the instructions.)			е	x				
f	Has the plan failed to provide any benefit when due under the plan? .			f	x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of y			ах				15,865	
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29	CFR		1,,	The state of the s			
_	2520.101-3.)			h	x				
ĺ	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3.			i		The second secon			
Par	W Pension Funding Compliance					24-421-31-31-3			
11	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instr	uctions and complete	Schedu	le SB (Form	□Van	x No	
40	5500))						<u>· </u>	X No	
12	Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		112 of the Gode or sec	สเอท 30	2 01 ER	ISA? .	. 🗀 168	Z IVO	
а	If a waiver of the minimum funding standard for a prior year is being an		vear see instructions	and en	ter the	date of the I	etter ruling	i I	
	granting the waiver		Month_						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB			Г		<u> </u>			
b	Enter the minimum required contribution for this plan year			Г	12b				
C	Enter the amount contributed by the employer to the plan for this plan y			• •	12c				
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 fu	unding deadline?			. ,	Yes	No	□N/A	
Par		<u> </u>					· -		
13a		ar or any prior year?				,	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year			13a			_	
b	Were all the plan assets distributed to participants or beneficiaries, tran	sferred to another p	lan, or brought under	the con	trol	·			
С	of the PBGC?			 (s) to			. <u></u> Yes	X No	
	which assets or liabilities were transferred. (See instructions.)	is plan to unotice pr	and, identify the plan	(0) 10					
	13c(1) Name of plan(s):			1	3c(2) ⊟	IN(s)	13c(3)PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report wil	Il be assessed unle	ess reasonable cause	e is est	ablishe	d.		·-	
SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the it is true correct, and complete.	clare that I have exa ne electronic version	mined this return/repo of this return/report, a	rt, inclu and to t	ding, if ne best	applicable, of my know	a Schedule /ledge and	ė	
THE		3/15/11	JOHN SANTORO				-		
SIG		Date	Enter name of individ	ual sia	ning as	plan admini	strator		
SIGN John Santoro 3/15/11 JOHN SANTORO									
HE		3/13/ Date	Enter name of individ	ual sion	ning as	emplover o	r plan spor	sor	
Asignature of employer/plan sponsor						·			

Form 5500-SF 2010