	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2010					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code). This Form is Open to								
P	ension Benefit Guaranty Corporation	Inspe	ction								
Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
	. ,	single-employer plan		bloyer plan (not multiemployer)							
	This return/report is for:	first return/report	n/report								
Б	This return/report is for:	an amended return/report	nths)								
С	Check box if filing under:		DFVC program								
•	C Check box if filing under:										
Pa	Part II Basic Plan Information—enter all requested information										
	Name of plan				1b	Three-digit					
KC E	LECTRONIC DISTRIBUTORS,	INC. 401K PLAN				plan number (PN) ▶	001				
					1c	Effective date of pl 01/01/200					
	Plan sponsor's name and addre LECTRONIC DISTRIBUTORS,	ess (employer, if for single-employer INC.	plan)		2b	Employer Identifica (EIN) 11-278890					
186 1	NORTH BELLE MEAD ROAD				2c	Plan sponsor's tele 631-689-2	phone number 200				
EAS	Γ SETAUKET, NY 11733					Business code (see 334410					
3a KC E	Plan administrator's name and LECTRONIC DISTRIBUTORS,		Bb Administrator's EIN 11-2788902								
			3c Administrator's telephone number 631-689-2200								
		In sponsor has changed since the last r from the last return/report. Sponso	port filed for this plan, enter the	4b EIN							
	•					C PN					
-		the beginning of the plan year			Uu		9				
b		the end of the plan year			5b	<u>5b</u>					
С	· · ·	th account balances as of the end of			5c		7				
	•	uring the plan year invested in eligib					X Yes No				
b		e annual examination and report of a several several several several several several several several several se					X Yes No				
	If you answered "No" to eith	er 6a or 6b, the plan cannot use F		,							
	rt III Financial Informa	ation		Γ							
7	Plan Assets and Liabilities				(b) End of Year						
a b			7a 7b	20000							
c		s					211570				
8	Income, Expenses, and Transf	ses, and Transfers for this Plan Year (a				(b) Tota	al				
а	Contributions received or recei		0-(4)								
			8a(1) 8a(2)	3540	0						
b	., ,			3349	1						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				68891				
d		ollovers and insurance premiums	. 8d	11297	5						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e		_						
f	•	s (salaries, fees, commissions)									
g b	•	20 of and $2a$					112975				
h i		3e, 8f, and 8g) 9 8h from line 8c)					-44084				
j		e instructions)									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2G 2J 3D 2E 2F 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	During the plan year:	(a	Yes	No		Amou	ınt	
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								
С								
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х					
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.) 							1267
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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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		Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	× No
 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 								
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 a negative amount)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	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		13a					
b	b 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):						13c(2) EIN(s) 13c(3) P		
Court	ion. A papelty for the late or incomplete filing of this return/report will be accessed uplace reasonable			ootobl	ichod			

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/valid electronic signature.	07/06/2011	ROCCO ROTUNNO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/06/2011	ROCCO ROTUNNO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	Form 5500-SF Short Form Annual R	OMB Nos. 1210-0110 1210-0089									
	Department of that insustry	Plan ctions 104 and 4065 of the Employee	2010								
En	Dopartment of Labor Retirement Income Security A playao Benefits Security Administration										
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
	Part III Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
For					12/31/2010						
ΓA	his return/report is for: 🛛 single-employer plan	mployer plan (not multiemployer)		one-participant plan							
ВI	This return/report is for:	final retur	•								
	an amended return/report 🔄 short plan year return/report (less than 12 months)										
CC	C Check box if filing under:										
	special extension (enter description)										
	Basic Plan Information-enter all requested Inform	ation		4 1.	men a set a fa						
	Name of plan KC ELECTRONIC DISTRIBUTORS, INC. 401K PL	AN		10	Three-digit plan number						
	Ke Ellecikowie Diotkiboloko, ikc. 401k il	12 31 4			(PN) 🕨 001.						
				1c	Effective date of plan						
				-	01/01/2001						
2a (Plan sponsor's name and address (employer, if for single-employer KC_ELECTRONIC_DISTRIBUTORS, INC.	plan)		20	Employer Identification Number (EIN) 11-2788902						
				2c	Plan sponsor's telephone number						
	186 NORTH BELLE MEAD ROAD				(631)689-2200						
			NY 11733	2d	Business code (see instructions) 334410						
<u>3a</u>	EAST_SETAUKET Plan administrator's name and address (if same as Plan sponsor, e	nter "Same		3b	Administrator's EIN						
	SAME		, ,								
				3c	Administrator's telephone number						
4 If	the name and/or EIN of the plan sponsor has changed since the la	st return/re	nort filed for this plan, enter the	4h	EIN						
n er i	ame, EIN, and the plan number from the last return/report. Sponso	or's name									
					PN						
	Total number of participants at the beginning of the plan year			Sa	9						
	Total number of participants at the end of the plan year		5b	9							
с 	Total number of participants with account balances as of the end or complete this item)		5c	7							
-	Were all of the plan's assets during the plan year invested in eligib				X Yes No						
b	Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on walver eligibility	an indeper and conditi	ndent qualified public accountant (IQ ions.)	PA)							
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55)O,							
Pa	tille Financial Information										
7	Plan Assets and Llabilities	al fillas de anta Canada da de anta	(a) Beginning of Year		(b) End of Year						
а	Total plan assets		255,63	4	211,570						
þ	Total plan liabilities			_							
C	Net plan assets (subtract line 7b from line 7a)	. 7c	255,65	4	211,570						
8	Income, Expenses, and Transfers for this Plan Year	Construction and the second	(a) Amount		(b) Total						
a	Contributions received or receivable from: (1) Employers	. 8a(1)		opera Maria Maria							
	(2) Participants		35,40	0							
	(2) Others (including rollovers)			- 6883 8289							
b	Other income (loss)		33,49	1 温泉	n san ang san San ang san ang						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	· · · · · · · · · · · · · · · · · · ·			68,891						
ď	Benefits paid (including direct rollovers and insurance premiums		- 1/8 (A								
	to provide benefits)		1.12,97	귀응							
е	Certain deemed and/or corrective distributions (see Instructions)				na na sana na sana na mangana na m Mangana na mangana na m Mangana na mangana na ma						
f	Administrative service providers (salaries, fees, commissions)										
g	Other expenses		iyo kolingi wa shi nga miyi kasada kalandan a mina waxani ana	261 261	112,975						
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)		a () A second	668 978							
j t	Net income (loss) (subtract line 8h from line 8c)		an a	9995 975	(44,084)						
J	Transfers to (from) the plan (see instructions)	· 8j		2041/5 2012/201	5 6600-SE (2010)						

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Form 5500-SF 2010

Part	Plan Characteristics	etoris	tic Co	des in f	he instructio		
	IV Plan Characteristics f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 3D 2E 2F 2G 2J 2K						
b (f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	tic Coc	ies in ti		JS:	_ _
Part	Compliance Questions		Van	No			
10	During the plan year:		Yes		A	mount	
	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)	<u>10a</u>		<u>x</u>			
b	Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a.)						
C	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			
e	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.)	109	x				1,267
f	Has the plan failed to provide any benefit when due under the plan?	101	1	х			
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			
g h	h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR					er sone opnel die Reference 1993: Die State aus 1993: Die State aus 1994: Die State au	PARTIES CARLS
i	2520.101-3.)	101		x	A second se		a. Other production of a particular of a second se second second sec
ور ممر ويوا							-
	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	noiete	Sche	dule SE	3 (Form		
11	Is this a defined benefit plan subject to minimum funding requirements (in 165, see instructions and or 5500))					Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or s	ection	302 of	ERISA?	Yes	X No
a	(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 instru- granting the waiver	uctions	s, and	enter ti Day	he date of the	e letter ru Year	iling
If	granting the wave- you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	-	_			
	Enter the minimum required contribution for this plan year		[12b			
	Enter the amount contributed by the employer to the plan for this plan year		[12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let negative amount)	tora		12d	<u> </u>		<u></u>
~	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
						Ves	X No
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			13a			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	t unde	er the c				
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Yes	s X NO
د 	If during this plan year, any essets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					120/	3) PN(\$)
	13c(1) Name of plan(s):		1	3c(2 <u>)</u> E	IN(S)	1 13010	a) = (v(a)
_							
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasons	ble c	ause l	s estal	lished.		
Gau	tion: A penalty for the late or incomplete hing of the instructions, I declare that I have examined this need to be a set forth in the instructions, I declare that I have examined this need to be a set for the instruction of the set of the se	eturn/i	report,	includi	ng, if applica	ble, a Sc	hedule

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Under penalties of perjury and other penalties set forth in the instructions, Toectare that There examined this return/report, and to the best of my knowledge and SB or Schedule MB complete and signed by an enalted 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

		ROCCÓ ROTUNNÓ
HERE Signature of pan administrator	Date 7/5/1/	Enter name of Individual signing as plan administrator
		ROCCO ROTUNNO
HERE Signature of employer/plan sponsor	Date 7/5/11	Enter name of individual signing as employer or plan sponsor