Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/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 If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TRY-IT DISTRIBUTING COMPANY, INC

4155 WALDEN AVENUE
LANCASTER, NY 14086

2b Employer Identification Number (EIN)
16-0666490

2c Sponsor's telephone number
716-651-3551

2d Business code (see instructions)
424800

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	07/26/2011	STEPHEN CAVANAUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TRY-IT DISTRIBUTING COMPANY, INC

4155 WALDEN AVENUE
LANCASTER, NY 14086

3b Administrator's EIN
16-0666490

3c Administrator's telephone number
716-651-3551

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	277
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	360
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	376
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	376
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	244
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 3H 2K 3D 2T

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BANK OF AMERICA, N.A.

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

MERRILL LYNCH, PIERCE,

13-5674085

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6484011-001	C	2276633

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	164	164
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	4433	4433
(9) Value of interest in common/collective trusts	1c(9)	2227291	2276633
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10571766	12633138
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12803654	14914368
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12803654	14914368

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	578574	
	(B) Participants	2a(1)(B)	614778	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1193352
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	262959	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		262959
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		33345
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1288270
c Other income	2c		463028
d Total income. Add all **income** amounts in column (b) and enter total	2d		3240954
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	671583	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		671583
f Corrective distributions (see instructions)	2f		113
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	458544	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		458544
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1130240
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2110714
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHIAMPOU TRAVIS BESAW & KERSHNER, L (2) EIN: 16-1468002

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TRY-IT DISTRIBUTING CO., INC.
& SUBSIDIARIES
CASH OR DEFERRED PLAN

Financial Statements as of and for the Years Ended
December 31, 2010 and 2009
and Supplemental Schedule as of
December 31, 2010
with
Independent Auditors' Report

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 – 11
SUPPLEMENTAL SCHEDULE:	
Form 5500: Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

SCHEDULES OMITTED:

The schedules of loans or fixed income obligations in default or classified as uncollectible and leases in default or classified as uncollectible are omitted because the Plan did not have any such obligations or leases. The schedules of nonexempt (prohibited) transactions, reportable transactions and delinquent participant contributions are omitted because the Plan had no such transactions. Reportable transactions are omitted because the Plan had no such transactions that were not covered by a statutory or administrative exemption from being a prohibited or reportable transaction. The schedule of assets acquired and disposed of within the year ended December 31, 2010 is omitted because all such transactions were subject to exclusion under Section 2520.103-11 of the Department of Labor Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 (ERISA).

Chiampou Travis
Besaw & Kershner LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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INDEPENDENT AUDITORS' REPORT

To the Investment Committee and
Plan Administrator
Try-It Distributing Co., Inc. & Subsidiaries
Cash or Deferred Plan
Lancaster, New York

We were engaged to audit the accompanying statements of net assets available for benefits of Try-It Distributing Co., Inc. & Subsidiaries Cash or Deferred Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Bank of America, N.A. holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Chiampou Travis Besaw & Kershner LLP

July 18, 2011

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Mutual funds	$ 12,633,138	$ 10,571,766
Collective trusts	2,276,633	2,075,835
	14,909,771	12,647,601
RECEIVABLES:		
Profit sharing contribution	507,060	458,545
Notes receivable from participants	4,512	4,433
Participant contributions	1,618	5,761
Employer contributions	33	1,440
Other	164	164
	513,387	470,343
Total assets	15,423,158	13,117,944
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
EXCESS CONTRIBUTIONS PAYABLE	7,165	-
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	15,415,993	13,117,944
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	151,456
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,415,993	$ 13,269,400

See notes to financial statements.

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation of investments	$ 1,288,269	$ 1,930,251
Interest and dividends	297,694	246,173
	1,585,963	2,176,424
INTEREST EARNED ON NOTES RECEIVABLE FROM PARTICIPANTS	79	-
Contributions:		
Participant	606,678	553,628
Employer	118,622	126,481
Profit sharing	507,060	458,544
	1,232,360	1,138,653
Total additions	2,818,402	3,315,077
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	(671,809)	(735,830)
NET INCREASE	2,146,593	2,579,247
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	13,269,400	10,690,153
End of year	$15,415,993	$13,269,400

See notes to financial statements.

1. PLAN DESCRIPTION

The following is a brief description of the Try-It Distributing Co., Inc. & Subsidiaries Cash or Deferred Plan (the "Plan") provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan as permitted under Section 401(k) of the Internal Revenue Code ("IRC"). The Plan is funded by employee and employer contributions and covers all employees of Try-It Distributing Co., Inc. (the "Company" or "Plan Sponsor") its wholly-owned subsidiaries Balkan Beverage, LLC and Saratoga Eagle Sales & Service, Inc. and its affiliate Eagle Associates of WNY, Inc. who have completed at least 12 months of service, are at least 21 years of age and are not covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's administrative expenses are paid by the Plan Sponsor.

Contributions – Participants may make contributions to the Plan in the form of salary deductions of up to 100% of their compensation. Participant contributions are limited by the maximum allowable contribution under the Internal Revenue Code (the Code). The Plan also has a provision for employer matching contributions, whereby the Company will match 25% of employee contributions up to a maximum of $1,000 for each participant. The Company may also make a discretionary profit sharing contribution and the amount may vary from year to year. This contribution is determined at year-end by the Board of Directors. In order to share in the discretionary contribution, an employee must be employed on the last day of the Plan year and have completed one year of service as defined by the Plan.

Contributions received from participants for 2010 are net of payments of $7,165 made in March 2011 to certain active participants to return excess contributions, to satisfy the relevant nondiscrimination provisions of the Plan. This amount is also included in the Plan's statement of net assets available for benefits as excess contributions payable at December 31, 2010. There were no excess contributions required for the year ended December 31, 2009.

Vesting – Participants are immediately vested in both their voluntary contributions and Company matching contributions and the earnings thereon. Vesting in the discretionary profit sharing contributions, and earnings thereon, are based on a graded vesting schedule with participants 100% vested after six years.

Forfeitures – Forfeitures for profit sharing contributions are allocated to participants in the ratio which the compensation of each participant for the plan year bears to the total compensation for the plan year of all participants otherwise entitled to share in the employer contributions.

Participant Accounts – Each participant's account is credited with the participant's contribution and an allocation of the employer contributions and Plan earnings. Allocations of earnings are based on participant account balances.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall become 100% vested and entitled to the amount of their account at the date of such termination.

1. PLAN DESCRIPTION (continued)

Payment of Benefits – Employees are eligible for retirement at age 65. Benefits are determined by the final value of the participant's account at the time of retirement, termination or death. Various payment options are available upon retirement including lump-sum cash or minimum distribution installments.

Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's normal retirement date or actual retirement date. Distributions are also permitted in the event of financial hardship, as defined by the Plan. In addition, in-service distributions may be made from any of the participant's vested accounts at any time upon or after the participant attains age 59 ½.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments – The Plan establishes a fair value based on a hierarchy which identifies three levels of input. Level 1 inputs are generally quoted market prices for identical assets or liabilities, which are actively traded, on an exchange. Level 2 inputs generally consist of market prices for identical assets which are not actively traded or market prices of similar assets or liabilities which are actively traded, on an exchange. Level 3 inputs are referred to as unobservable inputs and consist primarily of information derived by management where Level 1 and Level 2 inputs are not available. These may include such things as present value of expected future cash flows or other valuation methodologies. Under the hierarchy, Level 1 inputs are the most preferred followed by Level 2, and Level 3. Level 3 inputs are to be used when neither Level 1 nor Level 2 inputs are available.

An investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2010 and 2009:

Mutual funds: Valued based on the net asset values of the shares held by the Plan at year end.

Collective trusts: During October 2010, the investment in the collective trusts (Merrill Lynch Retirement Preservation Trusts) was converted to a short-term bond fund which is not fully benefit responsive, thus it is reported at fair value. In February 2011, the short-term bond fund was fully liquidated at par. In 2009, the investment was a stable value fund that was fully benefit responsive and was valued based on the contract values of the underlying investment in the fund. Contract value represents contributions made under the contract, adjusted for dividend earnings, transfers, loan activity, and distributions. The Plans' investment in the collective trust yielded investment gains of 1.6% and 1.2% for the period ended October 6, 2010 and the year ended December 31, 2009, respectively.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

2. SUMMARY OF ACCOUNTING POLICIES (continued)

Investments (continued) –

The Plan presents in the statements of changes in net assets available for benefits the net appreciation of investments, which includes unrealized and realized gains and losses on investments that were held or sold during the year and the change in contract value of fully benefit responsive investment contracts.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

Notes Receivable from Participants – Notes receivable arising from participant loans represent amounts transferred into the Plan in conjunction with the merger of the Northern Distributing Savings and Investment Plan in 2006 ("Northern Plan"). Participants under the Northern Plan could borrow from their fund accounts a minimum of $1,000 or up to 50% of their vested account balance. Loan terms range from one to five years and are secured by the balance in the participant's account and bear interest commensurate with local prevailing rates. Principal and interest are paid ratably through regular payroll deduction. Interest rates ranged from 5.0% to 10.5% at December 31, 2010 and 2009 respectively. No additional loans are permitted under the Plan.

In September 2010, the FASB issued guidance clarifying the classification and measurement of participant loans by defined contribution pension plans. That guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010 financial statements and has reclassified participant loans of $4,512 and $4,433 as of December 31, 2010 and 2009, respectively, from investments to notes receivable from participants. Additionally, the Plan has reclassified interest earned on participant loans of $79 and $0 for the years ended December 31, 2010 and 2009, respectively, from interest earned on investments. Net assets of the Plan were not affected by the adoption of the new guidance.

Payment of Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events – Management of the Plan has evaluated the effects of all subsequent events through July 18, 2011, the date the financial statements were available to be issued, to determine if events or transactions occurring through that date require potential adjustment or disclosure in the financial statements.

Reclassifications – Certain reclassifications were made to the 2009 financial statements to conform to the 2010 presentation.

3. INVESTMENTS

All Plan assets are participant directed. Investments at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets in either year are as follows:

	2010	2009
Merrill Lynch Retirement Preservation Trusts (short-term bond fund)	$ 2,276,633	$ - *
Merrill Lynch Retirement Preservation Trusts (stable value fund)	- *	2,075,835
BlackRock Capital Appreciation GM CL A	1,547,128	- *
PimcoTotal Return Fund CL A GM	1,540,132	1,292,000
MFS Value Fund CL A GM	1,264,641	1,060,363
BlackRock Global Allocation A	1,173,352	817,586
BlackRock EQ Dividend A	925,248	732,060
BlackRock Capital Appreciation CL A	818,731	- *
BlackRock Fundamental Growth Fund A GM	- *	1,317,891
BlackRock Fundamental Growth Fund A	- *	813,647

* These investments represent less than 5% of the Plan's assets for the year shown and are included for informational purposes only.

During 2010 and 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,288,269 and $1,930,251, respectively.

4. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to Note 2 – Summary of Accounting Policies. The following table presents the balances of the assets of the Plan measured at fair value on a recurring basis at December 31, 2010:

	Level 1	Level 3	Total
Assets:			
Mutual funds	$ 12,633,138	$ -	$ 12,633,138
Collective trusts	-	2,276,633	2,276,633
Total investments at fair value	$ 12,633,138	$ 2,276,633	$ 14,909,771

4. FAIR VALUE MEASUREMENTS (continued)

The following table presents the balances of the assets of the Plan measured at fair value on a recurring basis at December 31, 2009:

	Level 1	Level 3	Total
Assets:			
Mutual funds	$ 10,571,766	$ -	$ 10,571,766
Collective trusts	-	2,075,835	2,075,835
Total investments at fair value	$ 10,571,766	$ 2,075,835	$ 12,647,601

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	Collective trusts
Balance, beginning of year	$ 2,075,835
Purchases	613,460
Net appreciation of investment	153,845
Dividends	33,345
Sales	(599,852)
Balance, end of year	$ 2,276,633

5. PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of mutual funds managed by the Merrill Lynch Retirement Group, an affiliate of Merrill Lynch Trust Company, FSB ("Merrill Lynch"), which is a wholly-owned subsidiary of Bank of America, N.A. ("Bank of America"). As Bank of America is the Plan trustee as defined in the Plan document, these transactions qualify as party-in-interest transactions.

6. INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") stating the Plan is qualified under Section 401(a) of the Internal Revenue Code ("IRC"), and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications. The Plan was amended subsequent to the IRS determination letter. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

7. SUMMARY OF TRUSTEE INFORMATION

The following is a summary of unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule. The information was prepared by Bank of America, N.A. for both 2010 and 2009 and furnished to the Plan Sponsor. The trustee has certified that the information is complete and accurate:

a. Fair value of investments held by trustee at December 31:

	2010	2009
Merrill Lynch Retirement Preservation Trusts (short-term bond fund)	$ 2,276,633	$ -
Merrill Lynch Retirement Preservation Trusts Trusts (stable value fund)	-	2,075,835
BlackRock Capital App GM CL A	1,547,128	-
Pimco Total Return Fund CL A GM	1,540,132	1,292,000
MFS Value Fund CL A GM	1,264,641	1,060,363
BlackRock Global Allocation A	1,173,352	817,586
BlackRock EQ Dividend A	925,248	732,060
BlackRock Capital App CL A	818,731	-
American Europacific Growth Fund R3	696,855	612,942
American Europacific Growth Fund R3 GM	655,003	587
JPMorgan Core Bond Fund A	634,874	565,130
BlackRock S&P 500 Index	583,645	475,305
Van Kampen Mid Cap Growth GM	531,064	441,968
JPMorgan Small Cap Equity CLA GM	411,706	348,447
JPMorgan Core Bond Fund A GM	364,143	341,967
Pimco Total Return Fund CL A	336,375	188,932
JPMorgan Small Cap Equity Fund CLA	240,677	169,694
Van Kampen Mid Cap Growth FD CL A	216,569	142,196
Oppenheimer Developing Markets Fund CL A	212,901	208,318
MFS Value Fund CL A	205,049	211,274
Goldman Sachs Midcap Value Fund A	77,584	65,545
Alger Capital Appreciation Institutional Portfolio	72,820	66,859
Eaton Vance Worldwide Health Sciences Fund	43,820	24,672
Putnam Small Cap Growth Fund A	37,429	26,647
MFS Utilities Fund CL A	25,548	59,628
ING International Small Cap Fund A	17,844	46,039
BlackRock Fundamental Growth Fund A GM	-	1,317,891
BlackRock Fundamental Growth Fund A	-	813,647
Putnam International Equity A GM	-	542,069
	$ 14,909,771	$ 12,647,601

b. Other receivables as of December 31:

	2010	2009
Accrued income	$ 164	$ 164

7. SUMMARY OF TRUSTEE INFORMATION (continued)

c. Additions to net assets available for plan benefits for the years ended December 31:

	2010	2009
Net appreciation of investments	$ 1,288,269	$ 1,930,251
Interest and dividend income	297,694	246,173

d. Supplemental schedule: All investment balances and information included in the Supplemental Schedule of Assets (Held at End of Year) except for notes receivable from participants.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2010	2009
Net assets available for benefits per the financial statements	$ 15,415,993	$ 13,269,400
Add: Excess contributions payable	7,165	-
Less: Accrued profit sharing contribution	(507,060)	(458,545)
Less: Employer and participant contributions receivable	(1,618)	(7,201)
Less: Employer contributions receivable at end of year	(33)	(1,440)
Less: Unpaid interest on notes receivable from participants	(79)	-
Net assets available for benefits per the Form 5500	$ 14,914,368	$ 12,803,654

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

	2010	2009
Change in net assets available for benefits per the financial statements	$ 2,146,593	$ 2,579,247
Add:		
Participant contributions receivable at beginning of year	5,761	12,299
Employer contributions receivable at beginning of year	1,440	2,912
Profit sharing contribution receivable at beginning of year	458,545	53,567
Excess contributions payable at end of year	7,165	-
Less:		
Participant contributions receivable at end of year	(1,618)	(5,761)
Employer contributions receivable at end of year	(33)	(1,440)
Profit sharing contribution receivable at end of year	(507,060)	(458,545)
Unpaid interest on participant notes receivable	(79)	-
Changes in net assets available for benefits per Form 5500	$ 2,110,714	$ 2,182,279

Net assets available for benefits and changes in net assets available for benefits per the financial statements include profit sharing, employer and participant contributions receivable and unpaid interest on participant notes receivable. Net assets available for benefits and changes in net assets available per the Form 5500 were prepared on the cash basis.

* * * * * *

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

EIN: 16-0666490
PLAN NUMBER: 001

FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
		Common/Collective Trusts:		
*	Merrill Lynch Bank USA	Merrill Lynch Retirement Preservation Trust		$ 2,210,743
*	Merrill Lynch Bank USA	Merrill Lynch Retirement Preservation Trust GM		65,890
				2,276,633
		Mutual Funds:		
*	BlackRock, Inc.	BlackRock Capital App GM CL A		1,547,128
	Pimco	Pimco Total Return Fund CL A GM		1,540,132
	Massachusetts Financial Services	MFS Value Fund CL A GM		1,264,641
*	BlackRock, Inc.	BlackRock Global Allocation A		1,173,352
*	BlackRock, Inc.	BlackRock EQ Dividend A		925,248
*	BlackRock, Inc.	BlackRock Capital Appreciation CL A		818,731
	American Funds	American Europacific Growth Fund R3		696,855
	American Funds	American Europacific Growth Fund R3 GM		655,003
	JPMorgan	JPMorgan Core Bond Fund A		634,874
*	BlackRock, Inc.	BlackRock S&P 500 Index		583,645
	Van Kampen Investments	Van Kampen Mid Cap Growth GM		531,064
	JPMorgan	JPMorgan Small Cap Equity Fund CLA GM		411,706
	JPMorgan	JPMorgan Core Bond Fund A GM		364,143
	Pimco	Pimco Total Return Fund CL A		336,375
	JPMorgan	JPMorgan Small Cap Equity Fund CLA		240,677
	Van Kampen Investments	Van Kampen Mid Cap Growth FD CL A		216,569
	OppenheimerFunds, Inc.	Oppenheimer Developing Markets Fund CL A		212,901
	Massachusetts Financial Services	MFS Value Fund CL A		205,049
	Goldman Sachs & Co.	Goldman Sachs Midcap Value Fund A		77,584
	Fred Alger & Co.	Alger Capital Appreciation Institutional Portfolio		72,820
	Eaton Vance	Eaton Vance Worldwide Health Sciences Fund		43,820
	Putnam Investments	Putnam Small Cap Growth Fund A		37,429
	Massachusetts Financial Services	MFS Utilities Fund CL A		25,548
	ING Funds	ING International Small Cap Fund A		17,844
				12,633,138
		Notes Receivable from Participants		
	Notes Receivable from Participants	Interest rates ranging from 5.0% to 10.5%	$- 0 -	4,512
				$ 14,914,283

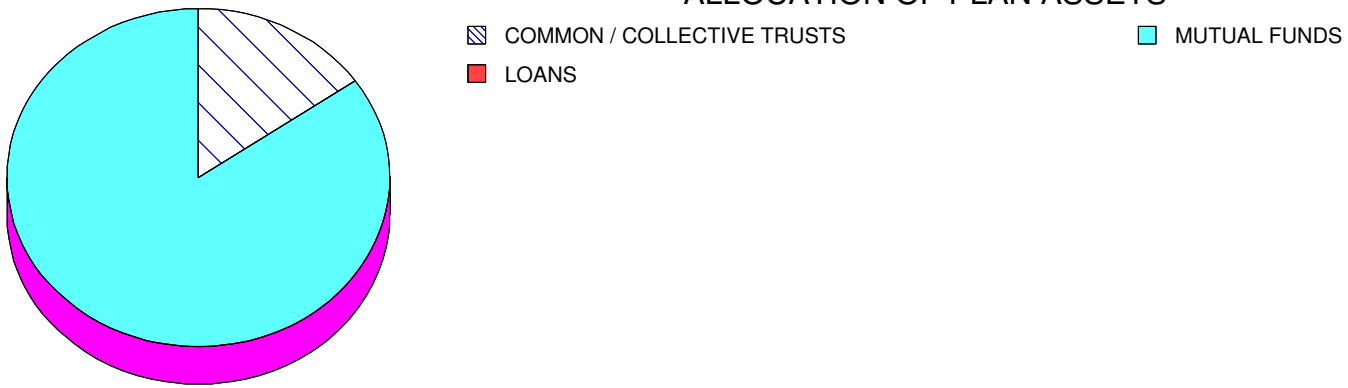
* Represents a party-in-interest.
** Cost information omitted for participant directed investments

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

TRY-IT DISTRIBUTING CO. INC.
& SUBSIDIARIES CASH OR DEF. PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
COMMON / COLLECTIVE TRUSTS					
ML RET PRESERVATION TRUST	2,210,743.8800	1.000	2,210,743.88	2,210,743.88	0.00
ML RET PRES TRUST GM	65,889.5300	1.000	65,889.53	65,889.53	0.00
TOTAL COMMON / COLLECTIVE			2,276,633.41	2,276,633.41	0.00
MUTUAL FUNDS					
ALGER CAP APPRCTION INSTL PORT	3,516.1871	20.710	64,378.32	72,820.23	8,441.91
JPMORGAN CORE BOND FUND A	55,350.7871	11.470	616,460.77	634,873.53	18,412.76
JPMORGAN CORE BOND FUND A GM	31,747.4488	11.470	354,117.79	364,143.24	10,025.45
PUTNAM SMALL CAP GROWTH FD A	2,069.0332	18.090	29,466.26	37,428.81	7,962.55
AMERICAN EUROPACIFIC GR FD R3	17,151.2399	40.630	646,401.16	696,854.88	50,453.72
AMERICAN EUROPACIF GR FD R3 GM	16,121.1567	40.630	619,330.30	655,002.60	35,672.30
INVESCO VAN KAMPEN MID CAP A	7,277.1942	29.760	173,534.01	216,569.30	43,035.29

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

TRY-IT DISTRIBUTING CO. INC.
& SUBSIDIARIES CASH OR DEF. PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
INVESCO VAN KAMPEN MID CAP A	17,844.9027	29.760	419,526.22	531,064.30	111,538.08
BLACKROCK CAPITAL APPRC CL A	35,612.4766	22.990	687,756.96	818,730.84	130,973.88
BLACKROCK CAPITAL APP GM CL A	67,295.6791	22.990	1,300,048.56	1,547,127.66	247,079.10
PUTNAM INTERNATIONAL EQTY A GM	0.0000	20.040	0.03	0.00	(0.03)
BLACKROCK GLOBAL ALLOC A	60,419.7893	19.420	1,085,620.14	1,173,352.31	87,732.17
BLACKROCK EQ DIVIDEND A	52,810.9717	17.520	839,479.89	925,248.22	85,768.33
ING INTERNATIONAL SMALLCAP A	443.9789	40.190	14,441.26	17,843.51	3,402.25
JPMORGAN SMALL CAP EQTY FD CLA	7,122.7328	33.790	201,572.68	240,677.14	39,104.46
JPMORGAN SMALL CAP EQTY CLA GM	12,184.2649	33.790	342,140.23	411,706.31	69,566.08
EV WORLDWIDE HEALTH SCIENCES	4,686.6263	9.350	43,824.15	43,819.96	(4.19)
OPPENHEIMER DEV MKTS FD CL A	5,837.6986	36.470	168,792.72	212,900.87	44,108.15
PIMCO TOTAL RETURN FUND CL A	31,002.2964	10.850	346,020.90	336,374.92	(9,645.98)
PIMCO TOT RET FD CL A GM	141,947.6915	10.850	1,537,821.71	1,540,132.45	2,310.74
BLACKROCK S&P500 INDEX I	37,948.2934	15.380	519,786.46	583,644.75	63,858.29
GOLDMAN SACHS MID CAP VAL A	2,161.1156	35.900	63,597.83	77,584.05	13,986.22
MFS VALUE FUND CL A	8,989.4167	22.810	187,116.09	205,048.59	17,932.50
MFS VAL FD CL A GM	55,442.4109	22.810	1,154,732.84	1,264,641.39	109,908.55
MFS UTILITIES FUND CL A	1,555.8989	16.420	23,652.71	25,547.86	1,895.15
TOTAL MUTUAL FUNDS			11,439,619.99	12,633,137.72	1,193,517.73
LOANS					
LOAN FUND	4,433.1100	1.000	4,433.11	4,433.11	0.00
INVESTMENT TOTAL			13,720,686.51	14 914 204.24	1,193,517.73

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

TRY-IT DISTRIBUTING CO. INC.
& SUBSIDIARIES CASH OR DEF. PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
UNINVESTED CASH			0.00	0.00	0.00
ACCRUED INCOME			164.15	164.15	0.00
CASH			0.00	0.00	0.00
TOTAL ASSETS			13,720,850.66	14,914,368.39	1,193,517.73

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.