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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

| | ▶ Complete all entries in accord | dance witl | n the instructions to the Form 55 | 00-SF. | | |
|--------|--|-------------|--------------------------------------|----------|---------------------------|-------------------|
| | art I Annual Report Identification Information | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/201 | 1 | and ending | 12/31/20 | 011 | |
| Α | This return/report is for: | a multiple | -employer plan (not multiemployer |) | a one-partici | oant plan |
| В | This return/report is: the first return/report | the final r | eturn/report | | | |
| | an amended return/report | a short pla | in year return/report (less than 12 | months) | | |
| С | Check box if filing under: Form 5558 | automatic | extension | Γ | DFVC progra | ım |
| | special extension (enter description | | | L | 1 - 3 - | |
| D | | , | | | | |
| | art II Basic Plan Information—enter all requested information | ation | | 1h | Three-digit | |
| | Name of plan MAC DISTRIBUTING CORPORATION PROFIT SHARING PLAN | | | | plan number | |
| | | | | | (PN) ▶ | 001 |
| | | | | 1c | Effective date o | f plan |
| | | | | | 01/01 | /1980 |
| | Plan sponsor's name and address; include room or suite number (el MAC DISTRIBUTING CORPORATION | mployer, if | for a single-employer plan) | | | fication Number |
| AllX | WAS DISTRIBUTING CORF CRATION | | | - | (=114) | 98221 |
| | | | | 2c : | Sponsor's telep 914-24 | |
| | NORTH BEDFORD ROAD E 115 | | | 2d 1 | | see instructions) |
| | NT KISCO, NY 10549 | | | 20 ' | 42399 | • |
| 3a | Plan administrator's name and address (if same as plan sponsor, er | nter "Same | .") | 3b / | Administrator's | |
| | MAC DISTRIBUTING CORPORATION 333 NORTH I | | | | | 98221 |
| | SUITE 115 MOUNT KISO | CO, NY 10 | 549 | 3c / | | elephone number |
| 1 | | | | 415 | 914-24 | 1-9170 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. | asi return/ | eport filed for this plan, enter the | 4b | EIN | |
| а | Sponsor's name | | | 4c | PN | |
| 5a | Total number of participants at the beginning of the plan year | | | . 5a | | 2 |
| b | Total number of participants at the end of the plan year | | | | | 2 |
| С | Number of participants with account balances as of the end of the p | | | 0.5 | | |
| | complete this item) | | | 5c | | 1 |
| 6a | Were all of the plan's assets during the plan year invested in eligible | le assets? | (See instructions.) | | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of a | | | | | ✓ Vaa □ Na |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | • | | | X Yes No |
| Pa | If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information | JIII 3300- | SF and must mstead use Form t | 500. | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year |
| - | Total plan assets | 72 | 789756 | | (b) Liid | 743728 |
| a b | Total plan liabilities | 7a 7b | 0 | | | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 789756 | | | 743728 |
| 8 | | 70 | | | /b) 7 | |
| a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | (b) 1 | Ulai |
| u | (1) Employers | 8a(1) | 0 | | | |
| | (2) Participants | 8a(2) | 12913 | | | |
| | (3) Others (including rollovers) | 8a(3) | 0 | | | |
| b | Other income (loss) | 8b | -53761 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | -40848 |
| d | Benefits paid (including direct rollovers and insurance premiums | | E400 | | | |
| | to provide benefits) | . 8d | 5180 | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 0 | | | |
| g | Other expenses | . 8g | 0 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 5180 |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | -46028 |
| j | Transfers to (from) the plan (see instructions) | 8j | 0 | | | |

| Form | 5500 | SF | 201 |
|------|------|----|-----|

| Page 2 - | 1 | |
|----------|---|--|
|----------|---|--|

| Part IV | Plan | Charact | eristics |
|---------|--------|----------|----------|
| I altıv | ı ıaıı | Onal aci | にいらいしろ |

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2H 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| 0 During the plan year: | | | | | | | | |
|--|--|----------------|-----------|--------------------|------------|-------|------|-----|
| 0 , , | Г | | Yes | No | | Amo | ount | |
| 29 CFR 2510.3-102? | ` , , , , , , , , , , , , , , , , , , , | 10a | | X | | | | |
| • | tempt transactions with any party-in-interest? (Do not include transactions reported | 10b | | X | | | | |
| C Was the plan covered | by a fidelity bond? | 10c | X | | | | | 750 |
| • | ss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud | 10d | | X | | | | |
| insurance service or o | missions paid to any brokers, agents, or other persons by an insurance carrier, ther organization that provides some or all of the benefits under the plan? (See | 10e | | X | | | | |
| f Has the plan failed to | provide any benefit when due under the plan? | 10f | | X | | | | |
| g Did the plan have any | participant loans? (If "Yes," enter amount as of year end.) | 10g | Χ | | | | | 275 |
| | account plan, was there a blackout period? (See instructions and 29 CFR | 10h | | Χ | | | | |
| | Yes," check the box if you either provided the required notice or one of the g the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| rt VI Pension Fun | ding Compliance | | | · | | | | |
| | it plan subject to minimum funding requirements? (If "Yes," see instructions and comp | plete | Sched | lule SE | 3 (Form | | 1 | _ |
| 5500)) | | ····· | | | | | Yes | X |
| (II ICS, COMPLETE IZ | a or 12h - 12c - 12d - and 12e helow as annicable) | | | | | | | |
| If a waiver of the minir granting the waiver | a or 12b, 12c, 12d, and 12e below, as applicable.) num funding standard for a prior year is being amortized in this plan year, see instruct | | | | | | | |
| a If a waiver of the mining granting the waiver If you completed line 12 | num funding standard for a prior year is being amortized in this plan year, see instruct | :h | | | | | | |
| a If a waiver of the mining granting the waiver If you completed line 12 b Enter the minimum reconstruction | num funding standard for a prior year is being amortized in this plan year, see instruct | h | [| Day | | | | |
| a If a waiver of the mining granting the waiver if you completed line 12 b Enter the minimum red c Enter the amount cond d Subtract the amount in | num funding standard for a prior year is being amortized in this plan year, see instruct Monti a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year | :h of a | [| Day 12b | | | | |
| a If a waiver of the mining granting the waiver f you completed line 12 b Enter the minimum red c Enter the amount cont d Subtract the amount in negative amount) | num funding standard for a prior year is being amortized in this plan year, see instruct | :h of a | [[| 12b 12c 12d | | _ Yea | | |
| a If a waiver of the mining granting the waiver f you completed line 12 b Enter the minimum red c Enter the amount cond d Subtract the amount in negative amount) | num funding standard for a prior year is being amortized in this plan year, see instruct Monti a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year ributed by the employer to the plan for this plan year I line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of | :h of a | [[| 12b 12c 12d | | _ Yea | r | |
| a If a waiver of the mining granting the waiver f you completed line 12 b Enter the minimum recond Subtract the amount cond subtract the amount in negative amount) Will the minimum functivity III Plan Termin | num funding standard for a prior year is being amortized in this plan year, see instruct Monti a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year ributed by the employer to the plan for this plan year n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of this plan year) | :h | [| 12b 12c 12d | Yes | _ Yea | r | |
| a If a waiver of the mining granting the waiver If you completed line 12 b Enter the minimum red c Enter the amount cond d Subtract the amount in negative amount) e Will the minimum funct t VII Plan Termina Has a resolution to term | num funding standard for a prior year is being amortized in this plan year, see instruct Montia, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Quired contribution for this plan year | of a | [| 12b 12c 12d | Yes | Yea | r | |
| a If a waiver of the mining granting the waiver f you completed line 12 b Enter the minimum rec c Enter the amount cond d Subtract the amount in negative amount) e Will the minimum funct t VII Plan Termin a Has a resolution to term If "Yes," enter the amount | num funding standard for a prior year is being amortized in this plan year, see instruct Montia, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year | th | | 12b 12c 12d | Yes | Yea | r | |
| If a waiver of the mining granting the waiver f you completed line 12 Enter the minimum recent subtract the amount conduction of Subtract the amount in negative amount) Will the minimum functivity Plan Terminal Has a resolution to term If "Yes," enter the amount of the PBGC? | num funding standard for a prior year is being amortized in this plan year, see instruct Monti a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year | th | | 12b 12c 12d | Yes | Yea | r | |
| a If a waiver of the mining granting the waiver If you completed line 12 b Enter the minimum recond Subtract the amount conducted Subtract the amount in negative amount) e Will the minimum functor VII Plan Terming Has a resolution to term If "Yes," enter the amount of the PBGC? | num funding standard for a prior year is being amortized in this plan year, see instruct Montia, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year | th | 3a the co | 12b 12c 12d | Yes /es X | Yea | r |] N |
| a If a waiver of the mining granting the waiver If you completed line 12 b Enter the minimum recond Subtract the amount conducted in the property of the | num funding standard for a prior year is being amortized in this plan year, see instruct Montia, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. quired contribution for this plan year | th | 3a the co | Day 12b 12c 12d | Yes /es X | Yea | r |] N |

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. | 04/13/2012 | JOHN SANTORO | | | | |
|------|---|------------|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | |
| SIGN | Filed with authorized/valid electronic signature. | 04/13/2012 | JOHN SANTORO | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | |

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| | art I Annual Repor | t Identification Informatio | n | | | | ' | | | |
|------------|--|---|--------------------|---|---|-----------------|--|-------------------|--|--|
| Fo | the calendar plan year 2011 o | or fiscal plan year beginning | 01/0: | 1/2011 | and ending | 12 | /31/2011 | | | |
| Α | This return/report is for: | x a single-employer plan | a multiple | employer plan | (not multiemployer) | Γ | a one-particip | ant plan | | |
| В | This return/report is: | the first return/report | the final re | eturn/report | | _ | | • | | |
| | · | an amended return/report | 片 | • | eport (less than 12 mo | nths) | | | | |
| c | Check box if filing under: | Form 5558 | automatic | - | opon (1000 that: 12 the | г, | DFVC prograi | m | | |
| ٠ | Check box if filling dilider. | special extension (enter descr | | CALCIDION | | L |] Di vo piograf | | | |
| \$1000 | | <u> </u> | <u>' '</u> | | | | | | | |
| | | ormation enter all requested | t information. | | | 41. | The same of the sa | | | |
| Id | Name of plan | | | | | | Three-digit plan number | | | |
| | AIR MAC DISTRIBUTING CORPORATION PROFIT SHARING PLAN | | | | | | (PN) ► | 001 | | |
| | | | | | | | | plan | | |
| <u>2</u> a | Plan snonsor's name and ad | Idress; include room or suite numbe | r (employer if fo | r single-emplo | var nlan) | | 01/01/1980 | instina November | | |
| | AIR MAC DISTRIBUTIN | | i (employer, it io | i sirigie-eritpio) | yei pian) | | Employer Identif (EIN) 13-259 | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | elephone number | | |
| | 333 NORTH BEDFORD R | OND | | | | | (914) 241-9 | | | |
| | SUITE 115 | CAD | | | | 2d i | Business code (s | see instructions) | | |
| US | | NY 10549 | | | | | 423990 | | | |
| 3а | | nd address (If same as plan sponso | r, enter "Same") | | | 3b / | Administrator's E | IN | | |
| | Same | | | | | | | | | |
| | | | | | | 3c / | Administrator's to | elephone number | | |
| | | | | | | | | | | |
| 4 | If the name and/or EIN of the | e plan sponsor has changed since to | ne last return/rep | ort filed for this | plan, enter the | 4b EIN | | | | |
| • | name, EIN, and the plan nun Sponsor's Name | name, EIN, and the plan number from the last return/report. | | | | | 4c PN | | | |
| 5a | . | at the beginning of the plan year . | | | | | 5a 23 | | | |
| b | | at the end of the plan year | | | | 5b | | 22 | | |
| C | Number of participants with a | account balances as of the end of th | ıe plan year (defi | | | | | - | | |
| _ | | | | | | 5c | <u> </u> | 14 | | |
| | | during the plan year invested in elig | | | | | | X Yes No | | |
| b | | the annual examination and report (See instructions on waiver eligibili | | | olic accountant (IQPA) | | | X Yes No | | |
| | | her 6a or 6b, the plan cannot use | - | - | ead use Form 5500. | | | ш ш | | |
| P | rt III Financial Infor | mation | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Bo | eginning of Year | | (b) End | of Year | | |
| a | Total plan assets | · • • • • • • • • • • • • • • • • • • • | 7а | | 789,756 | | | 743,728 | | |
| b | Total plan liabilities | | 7b | | 0 | | | 0 | | |
| C | Net plan assets (subtract line | 7b from line 7a) | 7c | | 789,756 | | | 743,728 | | |
| 8 | Income, Expenses, and Tran | | | (| a) Amount | - Capanion | (b) T | otal | | |
| а | Contributions received or rec (1) Employers | | 8a(1) | | 0 | | | | | |
| | (2) Participants | | 8a(2) | | 12,913 | | | | | |
| | • • | rs) | | | 0 | | | | | |
| b | Other income (loss) | • | 8b | | (53,761) | | | | | |
| C | Total income (add lines 8a(1) |), 8a(2), 8a(3), and 8b) | | 10.76% | | X . | Contraction of the Contraction o | (40,848) | | |
| d | Benefits paid (including direct | t rollovers and insurance premiums | | a or general remarks for a warring of the | | | | V-0,75407 | | |
| | to provide benefits) | | 8d | | 5,180 | | | | | |
| e | | ctive distributions (see instructions) | | | 0 | | | | | |
| f | | ers (salaries, fees, commissions) . | | | 0 | | | | | |
| g | Other expenses | | 8g | 登楼梯 50.08.08.08.08 | 0 | | | | | |
| h | Total expenses (add lines 8d | On Of and Oal | 8h | | AND INCOME OF A COMMON | 56 | | 5,180 | | |
| | | | | 1 (14) (4) (4) (4) | Walter and Comment of the | GA ^N | | | | |
| Ĭ : | | ne 8h from line 8c) | 8i | | 0 | GA ^N | | (46,028) | | |

| 1. La | | | | | | | |
|---|-----------------------------|----------------------|--------------|-------------|-----------------|----------------|------------------|
| Form 5500-SF 2011 | | Page 2- | | _ | | | |
| Partiv Plan Characteristics | · ····· | | - | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension | i feature codes from the | List of Plan Charac | teristic (| Codes | in the i | nstructions: | |
| 2E 2J 2H 3D b if the plan provides welfare benefits, enter the applicable welfare. | | • | | | | | |
| o il ale plan provides wenale denents, enier die applicable wenale | leaune codes nont the E | ST OF PIRIT CHRISCI | ensuc C | coes u | n vse in | structions: | |
| Party Compliance Questions | | | = | · | <u>-</u> - | | |
| 10 During the plan year: | | | ` <u> </u> | Yes | No: | Am | ipnúţ |
| Was there a failure to transmit to the plan any participant contri | butions within the time pe | riod described in | 10a | | x | | |
| 29 CFR 2510:3-102? (See instructions and DOL's Voluntary Fk D Were there any nonexempt transactions with any party-in-intere | | | | | | | |
| on line (0a.) | | | - 10b | | X | | |
| C Was the plan covered by a fidelity bond? | | المأجاء والواج | . 10c | x | | | 75,000 |
| d Did the plan have a loss, whether or not reimbursed by the plants distributes by? | | caused by fraud | 100 | | × | • | |
| Were any fees or commissions paid to any brokers, agents, or or | | | 1 | | | | |
| instructions.) | | na pianr (56a | 100 | | × | ···· | |
| f Has the plan failed to provide any benefit when due under the p | | | . 10r | | × | | |
| g Did the plan have any participant loans? (if "Yes," enter amoun | t as of year end.) | | . 100 | x | | | 27,535 |
| h . If this is an individual account plan, was there a blackout period | ? (See instructions and 2 | 9 CFR | 10h | | x | | |
| 2520.101-3.) If 10h was answered "Yes," check the box if you either provided | | | 1 1011 | - | | | |
| exceptions to providing the notice applied under 29 CFR 2620. | | | . 101 | | | | |
| Partavi Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding require | ements? (If "Ves " see in | toxilons and com | niete Sc | hedul | SRÆ | om | |
| 5500)) | | ****** | P | | | | Yes XNo |
| 12 Is this a defined contribution plan subject to the minimum funding | ng requirements of sectio | n 412 of the Code | or section | on 302 | of ER | SA? | ☐Yes XNo |
| (if Yes, complete 12s or 12b, 12c, 12d, and 12e below, as applet if a waiver of the minimum functing standard for a prior year is: b granting the waiver. If you completed line 12s, complete tines 3, 9, and 10 of Schedy. | eing amortized in this pla | M | | | ér the d Day | | er ruling ear |
| D Enter the minimum required contribution for this plan year | | | | . Г | 12b | | |
| C. Enter the amount contributed by the employer to the plan for the | | | | <u>.</u> Ի | 12c | | |
| d Subtract the amount in line 12c from the amount in line 12b. En | ter the result (enter a mir | os sign to the left | ofe | | 120 | | |
| regative amount) e Will the minimum funding amount reported on line 12d be met it | | | • • | ٠ إــ | | Yes [| No □N/A |
| Party Plan Terminations and Transfers of Asse | | | | • • • | • • • | <u> </u> | |
| 13a Has a resolution to terminate the plan been adopted in any prior | | | | 1 . | | | Yes X No |
| If "Yes," enter the amount of any plan assets that reverted to the | | | | ·ÌĖ | 13a | | |
| b Were all the plan essets distributed to participants or beneficiar | | | | | of | | |
| of the PBGC? C If during this plan year, any assets or flabilities were transferred which assets or liabilities were transferred. (See instructions.) | from this plan to another | plan(s), identify th | e plan(s |) to | • • | * * * * * | ∏Yes (X)No |
| 13c(1) Name of plan(s): | | | | 13 | c(2) Ell | N(s) | 13c(3) PN(s) |
| | | | 1- | | -1,-7, | 1 | |
| | <u></u> | | 4 | | | | |
| | | | <u>]</u> | 1 1 | | | · |
| Caution: A penalty for the late or incomplete filling of this return/re | port will be assessed u | niess reasonable | cause I | e esta | blished | <u>.</u> | |
| Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true/porrect, and complete. | | | | | | | |
| John Santo | 2/10/12 | JOHN SANTO | RO | | | | |
| HERE Signature of pion administrator | Dale | Enler name of I | | ti stani | no es n | lan administra | ator |
| Jan Santino | 2/1/2 | John San | | | J F | | |
| HERE Signature of employer/plan sponsor | Date | Enter name of i | | ıl signi | na āse | molover or ni | an sponsor |
| | | | | | <u>,</u> | _ 1 ·1 · P. | |