## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	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	12/31/2	011			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)				
C	Check box if filing under: Form 5558	DFVC program						
	special extension (enter descriptio	n)						
Pa	Irt II Basic Plan Information—enter all requested information	ation						
1a	Name of plan				Three-digit			
WALI	KERS SHORTBREAD, INC. RETIREMENT PLAN				plan number			
					(PN) 001			
				10	Effective date of plan 01/01/1997			
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
WAL	KERS SHORTBREAD, INC.				(EIN) 13-3836419			
				2c	Sponsor's telephone number			
	COMMERCE DRIVE			0.1	631-273-0011			
HAUI	PPAUGE, NY 11788			2a	Business code (see instructions) 311800			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN			
	KERS SHORTBREAD, INC. 170 COMMER	RCE DRIV	Ē		13-3836419			
	HAUPPAUGE	:, NY 1178	88	3c	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	631-273-0011 <b>4b</b> EIN				
•	name, EIN, and the plan number from the last return/report.	TO LIN						
a	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year	5a	23					
b	Total number of participants at the end of the plan year			5b	26			
С	Number of participants with account balances as of the end of the p complete this item)		·	. 5c	24			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a				V voo □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· ·		X Yes   No			
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets	7a	2300591		2330851			
b	Total plan liabilities	7b	0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	2300591		2330851			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		00454					
	(1) Employers	8a(1)	88454					
	(2) Participants	8a(2)	173499					
_	(3) Others (including rollovers)	8a(3)	6805					
b	Other income (loss)	8b	-122741		4.400.47			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			146017			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	115757					
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			115757			
i	Net income (loss) (subtract line 8h from line 8c)	8i			30260			
j	Transfers to (from) the plan (see instructions)	8j	0					

Form 5500-	CE 2011	

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

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2A 2E 2F 2G 2J 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				:	200000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	Χ					35222
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					·		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		_			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	٧o	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			•		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u	nder	the co	ntrol			Vaa	✓ No
_	of the PBGC?					Ш	165	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e piai	1(8) 10					
1	13c(1) Name of plan(s):				IN(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/18/2012	JOSEPH GADALETA					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	05/18/2012	JOSEPH GADALETA					
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 Guarenty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

D	art I Annual Report	t Identification Information									
	the calendar plan year 2011 or		01 /01	/2011	and ending	12/	/31/2011				
	· · · · · ·		1				l				
	This return/report is for:	x a single-employer plan	1		(not multiemployer)	a one-participant plan					
B	This return/report is:										
		an amended return/report	a short pla	n year return/r	eport (less than 12 mor	nths) —					
С	Check box if filing under:	Form 5558	automatic	extension			DFVC program				
		special extension (enter description	n)								
D	art II Basic Plan Info	ormation enter all requested info	rmation								
	Name of plan	Official enter an requested into	ппаноп.			1b т	hree-digit				
·u						р	lan number				
	Walkers Shortbread,	Inc. Retirement Plan					PN) ▶ 001				
					•	1c Effective date of plan 01/01/1997					
2a	Plan snonsor's name and ad-	dress; include room or suite number (en	nniover if for	single-employ	ver plan)		imployer Identification Number				
	Walkers Shortbread,		iipioyor, ii ioi	onigio ompio	you plany		EIN) 13-3836419				
							lan sponsor's telephone number				
	480 0						631) 273-0011				
	170 Commerce Drive						usiness code (see instructions)				
US	Hauppauge	NY 11788					11800				
	** 5	nd address (If same as plan sponsor, en	ter "Same")			3b A	dministrator's EIN				
	Same	, , ,	·								
						3c Administrator's telephone number					
_											
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b EIN				
а	Sponsor's Name		4c PN								
		at the beginning of the plan year				<b>5a</b> 23					
b	Total number of participants	at the end of the plan year				5b	26				
C	Number of participants with a	account balances as of the end of the pla	an year (defi	ned benefit pla	ns do not	E.					
۵,		during the plan year invested in eligible				5c	24 X\Yes \Bigcap No				
b	•	the annual examination and report of an				• •	Mies Ino				
Ŋ		(See instructions on waiver eligibility an					XYes No				
	If you answered "No" to eit	her 6a or 6b, the plan cannot use For	m 5500-SF a	nd must inst	ead use Form 5500.						
Pa	rt III Financial Infor	mation									
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year				
а	Total plan assets		. 7a		2,300,591		2,330,851				
b	Total plan liabilities		. 7b		0		0				
С	Net plan assets (subtract line	e 7b from line 7a)	. 7c		2,300,591		2,330,851				
8	Income, Expenses, and Tran	•			(a) Amount		(b) Total				
а	Contributions received or rec	eîvable from:			00 454						
	* * * *		8a(1)		88,454	+					
	` '	· · · · · · · · · · · · · · · · · · ·	. 8a(2)		173,499	+					
l.	• •	rs)	. 8a(3)		6,805	$\dashv$					
b	` '		. 8b		(122,741)						
C		), 8a(2), 8a(3), and 8b)	. 8c	F 45 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5		20000000	146,017				
d		t rollovers and insurance premiums	. 8d		115,757						
e	•	ctive distributions (see instructions)			0						
f		ers (salaries, fees, commissions)	. 8f		0						
g	·		. 8g	:	0						
h	•	, 8e, 8f, and 8g)				2	115,757				
ï	·	ne 8h from line 8c).				Š	30,260				
i	, , ,	see instructions)			0	ca .					
	Transition to though the plant		· 1 • 1		•	<ul> <li>* COLUMN 2007 (1)</li> </ul>					

Part	Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
2A 2E 2F 2G 2J 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	V Compliance Questions		B 11 231							
10	During the plan year:			Yes	No	Ar	nount			
	Was there a failure to transmit to the plan any participant contribution	ns within the time per	od described in	1.55						
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Program	ı) <u>  10</u>	a	x					
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			h	x					
								00,000		
c d	Was the plan covered by a fidelity bond?			- A				.00,000		
•	or dishonesty?			d	х					
е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by an insuran	ce carrier.							
	insurance services or other organization that provides some or all of	the benefits under the	e plan? (See	ر	x					
f	instructions.)				T <sub>x</sub>	!				
	Has the plan failed to provide any benefit when due under the plan?				<u> </u>					
g h	Did the plan have any participant loans? (If "Yes," enter amount as of		<del></del>	g X	<del> </del>			35,222		
"	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			ո	х					
i i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	of the				2 (2 (3))				
	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ls? (If "Yes," see inst	uctions and complete	Schedu	le SB (I	Form	Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		412 of the Code or sec	tion 30	2 of ER	ISA?	Yes	X No		
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Month_	and en	ter the d	date of the let	ter ruling ear			
b	Enter the minimum required contribution for this plan year			[	12b					
С	Enter the amount contributed by the employer to the plan for this plan			[	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			[	12d					
	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .				Yes [	No [	N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?			بے ، ،			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year			13a					
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	, , , , , , <sup>.</sup>			rol		Yes	ХNо		
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the plan	(s) to						
1	Bc(1) Name of plan(s):			13	3c(2) E	N(s)	13c(3) F	PN(s)		
Cautio	n: A penalty for the late or incomplete filling of this return/report w	/ill be assessed unl	ess reasonable cause	is esta	blishe	d.	<u> </u>			
Under SB or	penalties of perjury and other penalties set forth in the instructions, I described to the completed and signed by an enrolled actuary, as well as t is true, correct, and complete	eclare that I have exa	mined this return/repo	rt, inclu	ding, if	applicable, a	Schedule dge and			
SIGI	(land the sett land)									
3 3 5 5 5 5 5 5 5 K	HERE Signature of plan administrator , Date / Enter name of Individual signing as plan administra						rator			
SIG	1 landa ( Vin a lilla)	5/16/2012	Joseph Gadaleta		V I					
HER		Date	Enter name of individe		ina se 4	employer or a	lan snoner			
5.0.00025586	Taranta a ambiatanian abanai	-410		uui viyii	ທູ ພວ ເ	ourbiologi of b	mi shoust	×1		

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