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 acc | ordance wit | h the instructions to the Form 5500 |)-SF. | | | |
|----------|---|--|--|--------|--------------------|-----------------|-----|
| P | art I Annual Report Identification Information | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2 | 011 | and ending 1 | 2/31/2 | 2011 | | |
| Α | This return/report is for: | a multiple | e-employer plan (not multiemployer) | | a one-particip | ant plan | |
| | This return/report is: | | eturn/report | Į. | | • | |
| Ъ | | | • | (1 \ | | | |
| | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) | 1 | | |
| С | Check box if filing under: | automatio | extension | | DFVC prograi | m | |
| | special extension (enter descrip | otion) | | | | | |
| P | art II Basic Plan Information—enter all requested info | mation | | | | | |
| | Name of plan | mation | | 1h | Three-digit | | |
| | I FOOD CORPORATION AGE-WEIGHTED PROFIT SHARING P | AN | | | plan number | | |
| | | | | | (PN) • | 001 | |
| | | | | 1c | Effective date of | plan | |
| | | | | | 01/01/ | | |
| 2a | Plan sponsor's name and address; include room or suite number | (employer, if | for a single-employer plan) | 2b | Employer Identifi | cation Number | er |
| GEN | I FOOD CORPORATION | | | | (EIN) 13-348 | | |
| | | | | 2c | Sponsor's teleph | one number | |
| 1011 | FORESTER AVENUE 101 FORE | CTED AVEN | uue. | | 914-667 | | |
| | | STER AVEN ERNON, NY | | 2d | Business code (s | see instruction | ns) |
| | , | , | | | 44529 | | , |
| 3a | Plan administrator's name and address (if same as plan sponsor. | enter "Same | <u>;")</u> | 3b | Administrator's E | IN | |
| | FOOD CORPORATION 101 FORE | STER AVEN | ÚE | 0.0 | 13-348 | | |
| | MOUNT VI | ERNON, NY | 10552 | 3с | Administrator's to | elephone num | ber |
| | | | | | 914-667 | -3262 | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the | e last return/ | report filed for this plan, enter the | 4b | EIN | | |
| _ | name, EIN, and the plan number from the last return/report. | | | 4. | | | |
| | Sponsor's name | | | 4c | PN | | |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | | | 30 |
| b | Total number of participants at the end of the plan year | | | 5b | | | 30 |
| С | Number of participants with account balances as of the end of th | e plan year (| defined benefit plans do not | | | | |
| | complete this item) | ······································ | | 5c | | | 27 |
| 6a | Were all of the plan's assets during the plan year invested in elig | gible assets? | (See instructions.) | | | X Yes | No |
| b | Are you claiming a waiver of the annual examination and report | of an indeper | ndent qualified public accountant (IQF | PA) | | | 1 |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibili | • | • | | | X Yes | No |
| _ | If you answered "No" to either 6a or 6b, the plan cannot use | Form 5500- | SF and must instead use Form 550 | 00. | | | |
| Pa | art III Financial Information | | T | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year | |
| а | Total plan assets | 7a | 155789 | | | 104541 | |
| b | Total plan liabilities | 7b | 0 | | | 0 |) |
| С | Net plan assets (subtract line 7b from line 7a) | 7с | 155789 | | | 104541 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) T | otal | |
| а | Contributions received or receivable from: | | (a) Amount | | (D) 1 | o.ai | |
| u | (1) Employers | 8a(1) | 0 | | | | |
| | (2) Participants | ` ` ` | 0 | | | | |
| | • | | 0 | | | | |
| L | (3) Others (including rollovers) | | -1248 | | | | |
| b | Other income (loss) | | -1240 | | | 4040 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | <u>8c</u> | | | | -1248 | |
| d | Benefits paid (including direct rollovers and insurance premiums | 04 | 50000 | | | | |
| е | to provide benefits) Certain deemed and/or corrective distributions (see instructions) | | 0 | | | | |
| _ | | | 0 | - | | | |
| f | Administrative service providers (salaries, fees, commissions) | | | | | | |
| g | Other expenses | | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | 50000 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | -51248 | |
| j | Transfers to (from) the plan (see instructions) | 8j | 0 | | | | |
| | | | | | | | |

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

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

| Part IV | Plan | Charact | aristics |
|---------|---------|---------|----------|
| railiv | ı Fiaii | Charact | ensucs |

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

| Part | ٧ | Compliance Questions | | | | | | | | |
|------|--------|--|---------|---------|---------------|----------|-----|-----|--------|-------|
| 10 | Duri | ng the plan year: | | Yes | No | | | Amo | unt | |
| а | | s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.) | 10b | | X | | | | | |
| С | Wa | s the plan covered by a fidelity bond? | 10c | | X | | | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty? | 10d | | X | | | | | |
| е | insu | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.) | 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 | | X | | | | | |
| h | | is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) | 10h | | X | | | | | |
| i | | th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | | |
| art | VI | Pension Funding Compliance | | | | | | | | |
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | | П | Yes | X No |
| 12 | Is th | nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 302 of | ERIS | A? | | Yes | X No |
| а | lf a v | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver | | | | | | | | |
| lf y | ou c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | г | | 1 | | | | |
| b | Ente | r the minimum required contribution for this plan year | | | 12b | | | | | |
| - | | er the amount contributed by the employer to the plan for this plan year | | | 12c | | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount) | | | 12d | <u> </u> | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Υ | 'es | Ν | lo | N/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | <u></u> | | X | Yes | N | 0 | | |
| | If "Y | es," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | | C |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC? | under | the co | ontrol | | | | Yes | X No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to |) | | | | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) E | IN(s) | | | 13c(3) | PN(s) |
| | | | | | | | | | | |
| Caut | ion: A | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | estab | lishe | d. | | | _ |
| | | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return the correct and complete | | | | | | | | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 07/27/2012 | JOHN BURY |
|------|---|------------|--|
| HERE | 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 |

Filing Authorization for the 2011 Form 5500-SF

Name of Plan: Gem Food Corporation Age-Weighted Profit Sharing Plan

EIN / PN: 13-34833434 / 001

PYE: 12/31/11

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Bury & Associates, Inc. to electronically sign and file the above-named return/reports through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign the 5500-SF Forms and provide a scanned copy of that signature page to Bury & Associates, Inc.
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Bury & Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

| his authorization is applicable only to the filing for the above-named Plan and applies only for Plan yeard stated above. |
|---|
| lan Administrator: All Svon Cup |
| Pate: 1-b-14 |
| mployer/Plan Sponsor (if not the Plan Administrator): Jorgy Callers |
| Pate: 1-5-12 |
| |

Acknowledgement of Receipt of Authorization PART II

On behalf of Bury & Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Bury & Associates, Inc.:

Date: 7/27// (signature and title)

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so..

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).

▶ 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

| | | t Identification Information | | | | | |
|-------------|--|--|------------------------|--|--------|---------------------------------|--------------------------|
| For | calendar plan year 2011 or | | 1 | and ending | 2/31/ | 2011 | |
| Α | This return/report is for: | a single-employer plan | a multiple-en | nployer plan (not multiemployer) | | a one-particip | ant plan |
| В | This return/report is: | the first return/report | the final retu | rn/report | | | |
| | | an amended return/report | a short plan y | ear return/report (less than 12 m | onths) | | |
| С | Check box if filing under: | Form 5558 | automatic ex | tension | | DFVC progra | m |
| | | special extension (enter description | n) | | | | |
| Pa | art II Basic Plan Inf | ormation—enter all requested informa | | | | | |
| | Name of plan | onto an requested morning | 40011 | | 1b | Three-digit | |
| | | SE-WEIGHTED PROFIT SHARING PLAN | V | | | plan number | |
| | | | | | | (PN) ▶ | 001 |
| | | | | | 1c | Effective date of | • |
| 22 | Dian enoneor's name and a | ddress; include room or suite number (ei | mplayer if for | a single employer plan) | 26 | 01/01/ | |
| | FOOD CORPORATION | ladiess, include room or salte number (er | inployer, il loi | a single-employer plant | 20 | Employer Identif (EIN) 13-34 | |
| | | | | | 2c | Sponsor's telepi | none number |
| 101 F | FORESTER AVENUE | 101 FOREST | ED AVENUE | | | 914-667 | |
| | NT VERNON, NY 10552 | MOUNT VER | | | 2d | Business code (| see instructions) |
| | | | | | | 44529 | 9 |
| | | and address (if same as plan sponsor, er | | | 3b | Administrator's E | |
| GEM | FOOD CORPORATION | 101 FOREST MOUNT VER | | 552 | 20 | | 83434 |
| | | | | | 36 | 914-667 | elephone number -3262 |
| 4 | If the name and/or EIN of ti | he plan sponsor has changed since the la | ast return/rep | ort filed for this plan, enter the | 4b | EIN | |
| | | umber from the last return/report. | | | | | |
| | Sponsor's name | and the second s | | | 4c | PN | |
| 5a | Total number of participant | s at the beginning of the plan year | | | 5a | | 30 |
| b | | ts at the end of the plan year | | | 5b | | 30 |
| С | 그 이 집 이렇게 하고 생겨를 잃었다. 바를 이렇게 생길하는 사람들이 모르게 하지 않는데 다른데 다른데 다른데 되었다. | n account balances as of the end of the p | | | 5c | | 27 |
| 60 | | to during the plan year invested in cligible | | | | | X Yes ☐ No |
| | | ets during the plan year invested in eligible of the annual examination and report of a | | | | | |
| - | under 29 CFR 2520.104-4 | 6? (See instructions on waiver eligibility a | and conditions | s.) | | | Yes |
| | | either 6a or 6b, the plan cannot use Fo | orm 5500-SF | and must instead use Form 55 | 00. | | |
| Pa | rt III Financial Info | rmation | | | _ | | |
| 7 | Plan Assets and Liabilities | | 2012 | (a) Beginning of Year | + | (b) End | |
| а | Total plan assets | | 7a | 155789 | + | 4 | 104541 |
| b | | | 7b | 0 | + | | 104541 |
| | Net plan assets (subtract li | ne 7b from line 7a) | 7c | 155789 | + | | |
| 8 | Income, Expenses, and Tr | | 311 311 | (a) Amount | - | (b) T | otal |
| а | Contributions received or r | eceivable from: | 8a(1) | 0 | | | |
| | | | 8a(2) | 0 | | | |
| | | vers) | T-0:00 8 8 8 8 7 1 1 1 | 0 | | | |
| h | | veis) | | -1248 | | | |
| b | | | | | | | -1248 |
| c d | 트로 사용하다 하다 얼마 오늘 가장이 나왔다면서 얼룩하게 되었다. 그리고 있는데 하나들이 있다 | (1), 8a(2), 8a(3), and 8b)rect rollovers and insurance premiums | OC | | | | DOMESTIC STORY |
| u | | ect followers and insurance premiums | | | | | |
| е | Certain deemed and/or co | | 8d | 50000 | | | |
| | | rrective distributions (see instructions) | 8d 8e | 50000 | | | |
| f | Administrative service prov | | 8e | 14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (| | | |
| 000 | | rrective distributions (see instructions) viders (salaries, fees, commissions) | . 8e 8f | 0 | | | |
| f g h | Other expenses | rrective distributions (see instructions) | 8e 8f 8g | 0 | | | 50000 |
| g | Other expenses Total expenses (add lines | rrective distributions (see instructions) viders (salaries, fees, commissions) | 8e 8f 8g 8h | 0 | | | 50000 -51248 |

| Form | EEOO | CE | 201 | 14 |
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| Page | 2 - | 1 |
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| 1 ago | _ | . 1 |

| Part IV | Dlan | Charac | toriction |
|---------|------|--------|-----------|
| Part IV | Plan | Charac | teristics |

- 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 3E
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part ' | V | Compliance Questions | | | | | | | |
|-----------|---------|--|---|-----------------------|-----------|---------------------|------------------|----------------------------|-----------------------------------|
| 10 | Durin | ng the plan year: | | | | Yes | No | | Amount |
| а | | there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C | | | 10a | | Х | | |
| | | e there any nonexempt transactions with any party-in-interest? (Do note 10a.) | | | 10b | | Х | | |
| С | Was | the plan covered by a fidelity bond? | | | 10c | | Х | | |
| | | he plan have a loss, whether or not reimbursed by the plan's fidelity shonesty? | | | 10d | | Х | | |
| | insur | e any fees or commissions paid to any brokers, agents, or other pers ance service or other organization that provides some or all of the b actions.) | enefits under the | plan? (See | 10e | | Х | | |
| f | Has t | the plan failed to provide any benefit when due under the plan? | | | 10f | | Х | | |
| g | Did th | he plan have any participant loans? (If "Yes," enter amount as of year | ar end.) | | 10g | | Х | | |
| h | If this | s is an individual account plan, was there a blackout period? (See in: .101-3.) | structions and 29 | CFR | 10h | | X | | |
| i | If 10h | n was answered "Yes," check the box if you either provided the requiptions to providing the notice applied under 29 CFR 2520.101-3 | ired notice or one | e of the | 10i | | | | |
| Part \ | /1 | Pension Funding Compliance | | | | | | | |
| | | s a defined benefit plan subject to minimum funding requirements? ()) | | | | | | | Yes X No |
| 12 | Is thi | is a defined contribution plan subject to the minimum funding require | ements of section | 412 of the Code | or se | ction 3 | 02 of | ERISA? | Yes X No |
| | | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| | granti | raiver of the minimum funding standard for a prior year is being amoing the waiver. | | Mont | | | | | |
| | | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (f | 1111350 | - 2 | | Г | 425 | | |
| | | the minimum required contribution for this plan year | | | | ··· | 12b | | |
| | | the amount contributed by the employer to the plan for this plan yes | | | | - | 12c | | |
| 9 | negat | ract the amount in line 12c from the amount in line 12b. Enter the restive amount) | | | | L | 12d | | П., П., |
| ar Tuesta | 20.0 | he minimum funding amount reported on line 12d be met by the fund | ding deadline? | | | | | Yes | No N/A |
| Part \ | /11 | Plan Terminations and Transfers of Assets | | | | | | | |
| | | a resolution to terminate the plan been adopted in any plan year? | | | | | X. | res N | ło |
| | | es," enter the amount of any plan assets that reverted to the employe | | | | | | | |
| | of the | all the plan assets distributed to participants or beneficiaries, transfe PBGC? | | | | | | | Yes X No |
| | | ring this plan year, any assets or liabilities were transferred from this n assets or liabilities were transferred. (See instructions.) | s plan to another p | plan(s), identify th | e pla | | | | |
| 13 | Bc(1) | Name of plan(s): | | | | 130 | c(2) E | N(s) | 13c(3) PN(s) |
| | | | | | | A10.5 | | | |
| | | penalty for the late or incomplete filing of this return/report will | | | | | | | -11 0 1 11 |
| SB or | Sche | alties of perjury and other penalties set forth in the instructions, I dec edule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete. | clare that I have e ne electronic vers | examined this return/ | rn/report | oort, in , and t | cludin to the | g, if applic best of my | able, a Schedule knowledge and |
| 010 | 7 | They (a hom) | 1-5-12 | LERDY | 1 | Af | EK | S | |
| SIGN | | ignature of plan administrator Da | | Enter name of in | ndividu | | | | ninistrator |
| (| V | Property Consul | 1-5-12 | LEPRI | - | PK | 0 | e< | |
| SIGN | | evry where | | Enter name of in | divide | ual eig | 100 | | r or plan sponsor |
| HERE | - I S | Signature/of employer/plan sponsor Da | ate | Litter name of it | MINIO | aai siy | miy a | a citibiose | or plair sportsor |