# 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), 6057(b), 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

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
TRIANGLE DISTRIBUTING CO 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1967

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

TRIANGLE DISTRIBUTING CO.

12065 EAST PIKE STREET
SANTA FE SPRINGS, CA 90670

**2b** Employer Identification Number (EIN) 95-1969507

**2c** Sponsor's telephone number 562-699-3424

**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. | 08/21/2012 | WILLIAM F. STRUETT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 08/21/2012 | WILLIAM F. STRUETT |
| | **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")
TRIANGLE DISTRIBUTING CO.

12065 EAST PIKE STREET
SANTA FE SPRINGS, CA 90670

**3b** Administrator's EIN
95-1969507

**3c** Administrator's telephone number
562-699-3424

**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** | 311 |
| **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** | 302 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 10 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 312 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 313 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 287 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **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 2J 3D 3H

**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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRIANGLE DISTRIBUTING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRIANGLE DISTRIBUTING CO.

**D** Employer Identification Number (EIN)
95-1969507

## 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).. . . . . ☐ 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

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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)

T. ROWE PRICE RPS, INC.

100 E. PRATT STREET
BALTIMORE, MD 21202

| (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? |
|---|---|---|---|---|---|---|
| 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | NONE | 1800 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

ROYCE FUNDS

P.O. BOX 219012
330 WEST 9TH STREET
KANSAS CITY, MO 64121

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

ARTISAN

875 EAST WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**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)

DAVIS FUNDS

30 DAN RD
CANTON, MA 02021

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

HARBOR CAPITAL

111 SOUTH WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

AMERICAN FUNDS

5300 ROBIN HOOD ROAD
NORFOLK, VA 23513

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**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)

COLUMBIA FUNDS

ONE FINANCIAL CENTER
14TH FLOOR MAIL CODE MA5-515-14-01
BOSTON, MA 02111

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

DODGE & COX

555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

| (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? |
|---|---|---|---|---|---|---|
| 28 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| ROYCE FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| ROYCE VALUE PLUS - INSTITUTIONAL<br>P.O. BOX 219012<br>330 WEST 9TH STREET<br>KANSAS CITY, MO 64121 | INVESTMENT MANAGEMENT FEE BASED ON 1.04% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ARTISAN | 28 59 | 0 |

| **(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. |
|---|---|
| ARTISAN MID CAP VALUE FUND - INVEST<br>875 EAST WISCONSIN AVENUE<br>SUITE 800<br>MILWAUKEE, WI 53202 | INVESTMENT MANAGEMENT FEE BASED ON 1.21% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| DAVIS FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| DAV DAVIS NY VENTURE - A<br>30 DAN RD<br>CANTON, MA 02021 | INVESTMENT MANAGEMENT FEE BASED ON 0.89% |

## 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 |
|---|---|---|
| HARBOR CAPITAL | 28 59 | 0 |

| **(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. |
|---|---|
| HARBOR MID CAP GROWTH - INSTL<br>111 SOUTH WACKER DRIVE<br>34TH FLOOR<br>CHICAGO, IL 60606 | INVESTMENT MANAGEMENT FEE BASED ON 0.87% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| AMERICAN BALANCED FUND - R4<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513 | INVESTMENT MANAGEMENT FEE BASED ON 0.65% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AMERICAN FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| AFS GROWTH FUND OF AMERICA - R-4<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513 | INVESTMENT MANAGEMENT FEE BASED ON 0.68% |

## 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 |
|---|---|---|
| AMERICAN FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| AMERICA EUROPACIFIC GROWTH-R4<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513 | INVESTMENT MANAGEMENT FEE BASED ON 0.85% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| COLUMBIA FUNDS | 28 59 | 0 |

| **(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. |
|---|---|
| COLUMBIA SMALL CAP VALUE II - Z<br>ONE FINANCIAL CENTER<br>14TH FLOOR MAIL CODE MA5-515-14-01<br>BOSTON, MA 02111 | INVESTMENT MANAGEMENT FEE BASED ON 1.06% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| DODGE & COX | 28 59 | 0 |

| **(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. |
|---|---|
| DODGE & COX INCOME<br>555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 | INVESTMENT MANAGEMENT FEE BASED ON 0.43% |

## 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 |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| ARTISAN MID CAP VALUE FUND - INVEST<br>875 EAST WISCONSIN AVENUE<br>SUITE 800<br>MILWAUKEE, WI 53202 | SHAREHOLDER SERVICING FEE BASED ON 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| DAV DAVIS NY VENTURE - A<br>30 DAN RD<br>CANTON, MA 02021 | SHAREHOLDER SERVICING FEE BASED ON 0.4% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| HARBOR MID CAP GROWTH - INSTL<br>111 SOUTH WACKER DRIVE<br>34TH FLOOR<br>CHICAGO, IL 60606 | SHAREHOLDER SERVICING FEE BASED ON 0.1% |

## 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 |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| AMERICAN BALANCED FUND - R4 5300 ROBIN HOOD ROAD NORFOLK, VA 23513 | SHAREHOLDER SERVICING FEE BASED ON 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| AFS GROWTH FUND OF AMERICA - R-4 5300 ROBIN HOOD ROAD NORFOLK, VA 23513 | SHAREHOLDER SERVICING FEE BASED ON 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| AMERICA EUROPACIFIC GROWTH-R4 5300 ROBIN HOOD ROAD NORFOLK, VA 23513 | SHAREHOLDER SERVICING FEE BASED ON 0.35% |

## 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 |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| COLUMBIA SMALL CAP VALUE II - Z<br>ONE FINANCIAL CENTER<br>14TH FLOOR MAIL CODE MA5-515-14-01<br>BOSTON, MA 02111 | SHAREHOLDER SERVICING FEE BASED ON 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 0 |

| **(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. |
|---|---|
| DODGE & COX INCOME<br>555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 | SHAREHOLDER SERVICING FEE BASED ON 0.08% |

| **(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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

## 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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRIANGLE DISTRIBUTING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRIANGLE DISTRIBUTING CO.

**D** Employer Identification Number (EIN)
95-1969507

## 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: STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

| **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) |
|---|---|---|
| 52-1309931-001 | C | 7945412 |

**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) |
|---|---|---|

**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) |
|---|---|---|

## 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 |
| **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 |
| **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

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRIANGLE DISTRIBUTING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRIANGLE DISTRIBUTING CO.

**D** Employer Identification Number (EIN)
95-1969507

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 825000 | 825000 |
| **(2)** Participant contributions | 1b(2) | 10225 | 10861 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 42791 | 96062 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 7877280 | 7945412 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(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) | 20927945 | 20528987 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(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 | 29683241 | 29406322 |
| **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 | 29683241 | 29406322 |

## 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) | 825000 | |
| **(B)** Participants | 2a(1)(B) | 529586 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1354586 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 3143 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 3143 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 455352 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 455352 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(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) | | |
| (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) | | 230498 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | -887802 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1155777 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1430896 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1430896 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| 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) | 1800 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1800 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1432696 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -276919 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## 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: KMJ CORBIN & COMPANY LLP (2) EIN: 81-0569753

**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 | | 1000000 |
| **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

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRIANGLE DISTRIBUTING CO 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRIANGLE DISTRIBUTING CO.

**D** Employer Identification Number (EIN)
95-1969507

## 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): 52-1481931

**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 (include any prior year accumulated funding deficiency not waived) ..... **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 or other authority 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. 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): _____

**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):

# TRIANGLE DISTRIBUTING CO.
# 401(k) PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

**For The Years Ended December 31, 2011 and 2010**

***with***

**INDEPENDENT AUDITORS' REPORT THEREON**

**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

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Note: All other schedules have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KMJ | Corbin & Company
Business Advisors Tax and Audit

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Triangle Distributing Co. 401(k) Plan

We were engaged to audit the financial statements of the Triangle Distributing Co. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of December 31, 2011 as listed in the accompanying index. 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 T. Rowe Price Trust Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan administrator by the custodian 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, 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.

KMJ Corbin & Company LLP

KMJ | Corbin & Company LLP

Costa Mesa, California
July 25, 2012

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**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| **ASSETS** | **2011** | **2010** |
| Investments, at fair value: | | |
| Common and collective trust | $ 7,945,412 | $ 7,877,280 |
| Mutual funds | 20,528,987 | 20,927,945 |
| Total investments | 28,474,399 | 28,805,225 |
| Receivables: | | |
| Promissory notes from participants | 96,062 | 42,791 |
| Employee contributions | 10,861 | 10,225 |
| Employer contributions | 825,000 | 825,000 |
| Total receivables | 931,923 | 878,016 |
| Net assets available for benefits, at fair value | 29,406,322 | 29,683,241 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (277,094) | (284,718) |
| Net assets available for benefits | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | For The Year Ended December 31, 2011 | For The Year Ended December 31, 2010 |
|---|---|---|
| Additions (deductions) to net assets attributed to: | | |
| Investment (loss) income: | | |
| Net (depreciation) appreciation in fair value of assets | $ (887,802) | $ 1,892,163 |
| Dividends and interest | 693,474 | 896,798 |
| Total investment (loss) income | (194,328) | 2,788,961 |
| Participant loan interest | 3,143 | 1,009 |
| Contributions: | | |
| Participant contributions | 529,586 | 527,436 |
| Employer contributions | 825,000 | 825,000 |
| Total contributions | 1,354,586 | 1,352,436 |
| Deductions: | | |
| Benefits paid to participants | (1,430,896) | (1,319,471) |
| Loan fees | (1,800) | (1,600) |
| Total deductions | (1,432,696) | (1,321,071) |
| Net change in net assets available for benefits | (269,295) | 2,821,335 |
| Net assets available for benefits, beginning of year | 29,398,523 | 26,577,188 |
| Net assets available for benefits, end of year | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Triangle Distributing Co. 401(k) Plan (the "Plan") provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all employees ("Participants") of Triangle Distributing Co. (the "Company"). The Plan, which commenced on March 1, 1967, is subject to the provisions of the Employment Retirement Income Security Act of 1974 ("ERISA") and is qualified under Section 401(a) of the Internal Revenue Code (the "IRC").

### Plan Administration

The Plan is administered by Triangle Distributing Co. T. Rowe Price Trust Company ("T. Rowe") is the Plan's trustee and custodian ("Custodian").

### Employee Eligibility

At the start of hire, employees are eligible to make participant contributions and may enter this portion of the Plan. Plan participants are eligible for a Company discretionary contribution upon meeting the service requirement of one year of service. Upon completion of the service requirement, the participant will enter this portion of the Plan on January 1st or July 1st that coincides with the next entry period following the completion of the service requirement. Participation in the Company discretionary contributions commences in the year following the date they have entered the Plan providing they have completed a 1,000 hours of service in that plan year.

### Contributions

Each participant may elect to contribute up to 75% of his or her compensation to the Plan subject to certain IRC limitations, up to a maximum amount of $16,500 for the 2011 plan year. Participants may also rollover amounts representing distributions from other qualified plans. Participants that are 50 years of age or older who have met the annual IRC deferral limit or the specified Plan limits for deferral, may contribute a catch-up deferral of up to $5,500 for 2011.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Employer contributions to the Plan are discretionary and are made by the Company in amounts determined by its Board of Directors. Discretionary contributions are allocated to eligible participants on a pro-rata basis, based on the percentage that each participant's compensation bears to total compensation for the plan year, as defined in the Plan. During the year ended December 31, 2011 and 2010, Company contributions were $825,000 and $825,000, respectively.

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Company contributions and related earnings thereon vest over a six-year period as follows: 10% for years one and two, and 20% for each of years three through six. However, Company contributions and related earnings become fully vested if the participant reaches age 65, becomes permanently disabled or dies.

### Forfeited Accounts

If a participant's employment is terminated before full vesting of Company contributions and related earnings, the amount not vested is allocated to the remaining participants. During the years ended December 31, 2011 and 2010, forfeitures of $3,290 and $15,696, respectively, were allocated to participants. At December 31, 2011 and 2010, there were unallocated forfeitures of $37,852 and $34,266, respectively.

### Participant Accounts

Each participant's account is credited with the allocable portion of the Company's contributions and Plan earnings. Company contributions and forfeitures are allocated to participants' accounts proportionately based on annual compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Contributions made on behalf of the participants are invested in various funds according to participant elections. Participants' contributions must be allocated among the available funds in whole percentages. Participants may change investment elections at any time via telephone or via internet access with the Custodian.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. These payments may be paid in a lump sum payment.

Any withdrawals made prior to the participant attaining age 59½ for any reasons other than for death or disability is subject to a 10% federal excise tax.

Loans to Participants

Participants may borrow from their accounts up to 50% of their vested account balance up to a maximum of $50,000. Participant loan withdrawals can only be redeemed from their elective deferral and rollover sources of their balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate, which is commensurate with local prevailing rates. Loans must be repaid within five years, unless the loan was for the purchase of a personal residence. In this case, the repayment period may be extended. Participants may only have one loan outstanding at a time.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could materially differ from those estimates.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Investment Valuation

Investments are stated at fair value (see Note 3).

The T. Rowe Price Stable Value Fund ("Stable Value Fund") consists primarily of investments in fixed-income securities and bond funds; however, the fund will also purchase third-party wrap contracts and investment contracts which result in the probability that participant directed transactions with investments in the fund will be at contract value. Therefore, investments in the Stable Value Fund are considered to be fully benefit-responsive. As a result, as required by appropriate accounting guidance, Plan investments in the Stable Value Fund are reported at fair value. However, since contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, the statement of net assets available for benefits also presents an adjustment from fair value to contract value for the investment in the Stable Value Fund so that such investment is ultimately reflected at contract value in the statement of net assets available for benefits.

In accordance with the policy of stating Plan assets at fair value, the Plan presents the net appreciation (depreciation) in the fair value of its investments in the statement of changes in net assets, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

Payment of Benefits

Benefits are recorded when paid. Participants terminating employment are entitled to a distribution of their vested portion of accrued benefits.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal, or in the absence of a principal market, the most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. A fair value hierarchy was established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value:

Level 1—Quoted prices in active markets for identical assets or liabilities.

Level 2—Observable inputs other than quoted prices within Level 1, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; inputs other than quoted prices that are observable for the asset or liability (for example interest rates and yield curves, credit risks and default rates) or other inputs that are principally derived or corroborated by observable market data, correlation, or by other means.

Level 3—Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Investments in Mutual Funds

The fair value of the Plan's investments in mutual funds is determined based on quoted prices in active markets, which represent the net asset value of the shares held, and are classified as Level 1 investments.

*Large Cap* includes a mix of predominately U.S. common stocks, all of which have market capitalization in excess of $10 billion.

*Mid Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $2 billion and $10 billion.

*Small Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $300 million and $2 billion.

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

*Blended* includes a mix of predominately assets in stocks and other equity securities and the remainder in bonds and other debt securities. The stocks and other equities are predominately U.S. common stock.

*International* includes a mix of predominately foreign common stocks.

*Bonds* include debt securities of any maturity, such as bonds, notes, bills and debentures.

Investment in Common and Collective Trust

The fair value of the Plan's interest in the common and collective trust that invests in the Stable Value Fund reflects the net asset value of the common and collective trust, adjusted for the variance between the contract value and fair value of the underlying investments of the trust, as reported by the fund manager. In determining the fair value of the underlying investments, the fund manager primarily uses quoted prices for similar assets for debt securities and the discounted future cash payments of the guaranteed investment contracts. These investments are classified as Level 2 investments.

As of December 31, 2011, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2011 | | |
|---|---|---|---|
| | **Quoted Prices in Active Markets for Identical Assets (Level 1)** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,476,052 | $ - | $ - |
| Mid Cap | 3,176,447 | - | - |
| Small Cap | 1,751,462 | - | - |
| Blended | 3,463,741 | - | - |
| International | 56,025 | | |
| Bonds | 4,577,980 | - | - |
| Money Market | 27,280 | - | - |
| Common and collective trust | - | 7,945,412 | - |
| Total assets | $ 20,528,987 | $ 7,945,412 | $ - |

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

As of December 31, 2010, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2010 | | |
|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,464,089 | $ - | $ - |
| Mid Cap | 3,038,871 | - | - |
| Small Cap | 2,224,589 | - | - |
| Blended | 3,468,616 | - | - |
| Bonds | 4,722,478 | - | - |
| Money Market | 9,302 | | |
| Common and collective trust | - | 7,877,280 | - |
| Total assets | $ 20,927,945 | $ 7,877,280 | $ - |

## NOTE 4 - INVESTMENTS (Unaudited)

The following summary of the Plan's investments which exceeded 5% of net assets available for benefits was derived from information prepared by the Custodian and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate (see Note 7).

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| Dodge & Cox Income Fund | 4,577,981 | 4,722,478 |
| American Europacific Growth R4 Fund | 2,782,692 | 2,778,642 |
| Artisan Mid-Cap Value Fund | 1,486,992 | 1,488,136 |
| Equity Income Fund | 3,705,646 | 3,721,189 |
| Growth Stock Fund | 3,661,997 | 3,632,638 |
| Stable Value Common Trust Fund | 7,945,412 | 7,877,280 |
| Harbor Mid-Cap Growth Institutional Fund | 1,689,455 | 1,550,735 |
| Columbia Small Cap Value II Z Fund | * | 1,500,922 |

* Investment option did not exceed 5% of net assets available for Plan benefits at the respective date.

## NOTE 4 - INVESTMENTS (Unaudited), continued

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) decreased in value by $887,802 in 2011 and increased in value by $1,892,163 in 2010.

## NOTE 5 - TAX STATUS

Effective June 30, 2008, the Company adopted a T. Rowe Price Trust Company prototype plan. The Internal Revenue Service issued an opinion letter dated January 31, 2006 stating that the prototype plan was designed in accordance with applicable IRC requirements as of that date. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the prototype plan and with the applicable requirements of the IRC. Accordingly, no provision for income taxes is reflected in the accompanying financial statements. Continued qualification is dependent on the Plan's future operations.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

## NOTE 7 - SUMMARY OF UNAUDITED INFORMATION

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010;
- Investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010;
- Schedule I: Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011; and
- Investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010 as reflected in Note 4.

## NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are in investments managed by the Custodian. In addition, the Plan has loans with its participants. Both the Custodian and the participants are considered parties-in-interest under ERISA. Loan fees paid by the Plan to the Custodian amounted to $1,800 and $1,600 for the years ended December 31, 2011 and 2010, respectively. All of these transactions are considered exempt party-in-interest transactions under ERISA.

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan reports its investment in the common and collective trust at fair value with an adjustment from fair value to contract value so that such investment is ultimately reflected at contract value, while such investment is reported at fair value on the Form 5500. As a result, certain amounts reported on the accompanying financial statements differ from the amounts reported on the Plan's Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements to the amount per the Form 5500 as of December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $29,129,228 | $ 29,398,523 |
| Adjustment from fair value to contract value for fully benefit - responsive investment contract | 277,094 | 284,718 |
| Net assets available for benefits per Form 5500 | $ 29,406,322 | $ 29,683,241 |

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, continued

The following is a reconciliation of the net (decrease) increase in net assets available for benefits per the financial statements to the amount per the Form 5500 for the years ended December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net (decrease) increase in net assets available for benefits per the financial statements | $ (269,295) | $ 2,821,335 |
| Change in adjustment from fair value to contract value for fully benefit-responsive investment contract | (7,624) | 71,338 |
| Net (decrease) increase in net assets available for benefits per the Form 5500 | $ (276,919) | $ 2,892,673 |

## NOTE 10 - RISKS AND UNCERTAINTIES

The Plan has various investment options in a combination of mutual funds and a common and collective trust. Mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain mutual funds and the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated and determined that no events have occurred subsequent to the date of the statement of net assets available for benefits and through July 25, 2012, the date of issuance of these financial statements, which would require recording or disclosure in its financial statements.

**TRIANGLE DISTRIBUTION CO.**
**401(k) PLAN**
**Plan #001**
**EIN #95-1969507**

## SCHEDULE I – SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**As of December 31, 2011**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (e) Current Value |
|---|---|---|---|
| * | Dodge & Cox Funds | Dodge & Cox Income Fund | $ 4,577,981 |
| * | American Funds | American Europacific Growth R4 Fund | 2,782,692 |
| * | American Funds | American Balanced Fund R4 Fund | 267,515 |
| * | Artisan Funds | Artisan Mid-Cap Value Fund | 1,486,992 |
| * | Columbia Funds | Columbia Small Cap Value Fund | 1,053,572 |
| * | Davis Funds | Davis New York Venture Fund | 77,897 |
| * | T. Rowe Price Trust Company | Equity Income Fund | 3,705,646 |
| * | T. Rowe Price Trust Company | Equity Index 500 Fund | 335,637 |
| * | American Funds | Growth Fund of America | 108,409 |
| * | T. Rowe Price Trust Company | Growth Stock Fund | 3,661,997 |
| * | Harbor Funds | Harbor Mid-Cap Growth Institutional Fund | 1,689,455 |
| * | T. Rowe Price Trust Company | International Equity Index Fund | 56,025 |
| * | T. Rowe Price Trust Company | Prime Reserve Fund | 27,280 |
| * | Royce Funds | Royce Value Plus Institutional Fund | 697,889 |
| | | Total mutual funds | 20,528,987 |
| * | T. Rowe Price Trust Company | T. Rowe Price Stable Value Common Trust Fund | 7,945,412 |
| * | Promissory notes from participants | Interest at 4.25%, maturity dates between 2012 and 2016 | 96,062 |
| | | | $ 28,570,461 |

* Represents a party-in-interest

# TRIANGLE DISTRIBUTING CO.
# 401(k) PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

**For The Years Ended December 31, 2011 and 2010**

***with***

**INDEPENDENT AUDITORS' REPORT THEREON**

**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

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Note: All other schedules have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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Business Advisors Tax and Audit

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Triangle Distributing Co. 401(k) Plan

We were engaged to audit the financial statements of the Triangle Distributing Co. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of December 31, 2011 as listed in the accompanying index. 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 T. Rowe Price Trust Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan administrator by the custodian 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, 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.

KMJ Corbin & Company LLP

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Costa Mesa, California
July 25, 2012

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**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| **ASSETS** | **2011** | **2010** |
| Investments, at fair value: | | |
| Common and collective trust | $ 7,945,412 | $ 7,877,280 |
| Mutual funds | 20,528,987 | 20,927,945 |
| Total investments | 28,474,399 | 28,805,225 |
| Receivables: | | |
| Promissory notes from participants | 96,062 | 42,791 |
| Employee contributions | 10,861 | 10,225 |
| Employer contributions | 825,000 | 825,000 |
| Total receivables | 931,923 | 878,016 |
| Net assets available for benefits, at fair value | 29,406,322 | 29,683,241 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (277,094) | (284,718) |
| Net assets available for benefits | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | For The Year Ended December 31, 2011 | For The Year Ended December 31, 2010 |
|---|---|---|
| Additions (deductions) to net assets attributed to: | | |
| Investment (loss) income: | | |
| Net (depreciation) appreciation in fair value of assets | $ (887,802) | $ 1,892,163 |
| Dividends and interest | 693,474 | 896,798 |
| Total investment (loss) income | (194,328) | 2,788,961 |
| Participant loan interest | 3,143 | 1,009 |
| Contributions: | | |
| Participant contributions | 529,586 | 527,436 |
| Employer contributions | 825,000 | 825,000 |
| Total contributions | 1,354,586 | 1,352,436 |
| Deductions: | | |
| Benefits paid to participants | (1,430,896) | (1,319,471) |
| Loan fees | (1,800) | (1,600) |
| Total deductions | (1,432,696) | (1,321,071) |
| Net change in net assets available for benefits | (269,295) | 2,821,335 |
| Net assets available for benefits, beginning of year | 29,398,523 | 26,577,188 |
| Net assets available for benefits, end of year | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Triangle Distributing Co. 401(k) Plan (the "Plan") provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all employees ("Participants") of Triangle Distributing Co. (the "Company"). The Plan, which commenced on March 1, 1967, is subject to the provisions of the Employment Retirement Income Security Act of 1974 ("ERISA") and is qualified under Section 401(a) of the Internal Revenue Code (the "IRC").

### Plan Administration

The Plan is administered by Triangle Distributing Co. T. Rowe Price Trust Company ("T. Rowe") is the Plan's trustee and custodian ("Custodian").

### Employee Eligibility

At the start of hire, employees are eligible to make participant contributions and may enter this portion of the Plan. Plan participants are eligible for a Company discretionary contribution upon meeting the service requirement of one year of service. Upon completion of the service requirement, the participant will enter this portion of the Plan on January 1st or July 1st that coincides with the next entry period following the completion of the service requirement. Participation in the Company discretionary contributions commences in the year following the date they have entered the Plan providing they have completed a 1,000 hours of service in that plan year.

### Contributions

Each participant may elect to contribute up to 75% of his or her compensation to the Plan subject to certain IRC limitations, up to a maximum amount of $16,500 for the 2011 plan year. Participants may also rollover amounts representing distributions from other qualified plans. Participants that are 50 years of age or older who have met the annual IRC deferral limit or the specified Plan limits for deferral, may contribute a catch-up deferral of up to $5,500 for 2011.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Employer contributions to the Plan are discretionary and are made by the Company in amounts determined by its Board of Directors. Discretionary contributions are allocated to eligible participants on a pro-rata basis, based on the percentage that each participant's compensation bears to total compensation for the plan year, as defined in the Plan. During the year ended December 31, 2011 and 2010, Company contributions were $825,000 and $825,000, respectively.

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Company contributions and related earnings thereon vest over a six-year period as follows: 10% for years one and two, and 20% for each of years three through six. However, Company contributions and related earnings become fully vested if the participant reaches age 65, becomes permanently disabled or dies.

### Forfeited Accounts

If a participant's employment is terminated before full vesting of Company contributions and related earnings, the amount not vested is allocated to the remaining participants. During the years ended December 31, 2011 and 2010, forfeitures of $3,290 and $15,696, respectively, were allocated to participants. At December 31, 2011 and 2010, there were unallocated forfeitures of $37,852 and $34,266, respectively.

### Participant Accounts

Each participant's account is credited with the allocable portion of the Company's contributions and Plan earnings. Company contributions and forfeitures are allocated to participants' accounts proportionately based on annual compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Contributions made on behalf of the participants are invested in various funds according to participant elections. Participants' contributions must be allocated among the available funds in whole percentages. Participants may change investment elections at any time via telephone or via internet access with the Custodian.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. These payments may be paid in a lump sum payment.

Any withdrawals made prior to the participant attaining age 59½ for any reasons other than for death or disability is subject to a 10% federal excise tax.

Loans to Participants

Participants may borrow from their accounts up to 50% of their vested account balance up to a maximum of $50,000. Participant loan withdrawals can only be redeemed from their elective deferral and rollover sources of their balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate, which is commensurate with local prevailing rates. Loans must be repaid within five years, unless the loan was for the purchase of a personal residence. In this case, the repayment period may be extended. Participants may only have one loan outstanding at a time.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could materially differ from those estimates.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Investment Valuation

Investments are stated at fair value (see Note 3).

The T. Rowe Price Stable Value Fund ("Stable Value Fund") consists primarily of investments in fixed-income securities and bond funds; however, the fund will also purchase third-party wrap contracts and investment contracts which result in the probability that participant directed transactions with investments in the fund will be at contract value. Therefore, investments in the Stable Value Fund are considered to be fully benefit-responsive. As a result, as required by appropriate accounting guidance, Plan investments in the Stable Value Fund are reported at fair value. However, since contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, the statement of net assets available for benefits also presents an adjustment from fair value to contract value for the investment in the Stable Value Fund so that such investment is ultimately reflected at contract value in the statement of net assets available for benefits.

In accordance with the policy of stating Plan assets at fair value, the Plan presents the net appreciation (depreciation) in the fair value of its investments in the statement of changes in net assets, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

Payment of Benefits

Benefits are recorded when paid. Participants terminating employment are entitled to a distribution of their vested portion of accrued benefits.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal, or in the absence of a principal market, the most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. A fair value hierarchy was established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value:

Level 1—Quoted prices in active markets for identical assets or liabilities.

Level 2—Observable inputs other than quoted prices within Level 1, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; inputs other than quoted prices that are observable for the asset or liability (for example interest rates and yield curves, credit risks and default rates) or other inputs that are principally derived or corroborated by observable market data, correlation, or by other means.

Level 3—Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Investments in Mutual Funds

The fair value of the Plan's investments in mutual funds is determined based on quoted prices in active markets, which represent the net asset value of the shares held, and are classified as Level 1 investments.

*Large Cap* includes a mix of predominately U.S. common stocks, all of which have market capitalization in excess of $10 billion.

*Mid Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $2 billion and $10 billion.

*Small Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $300 million and $2 billion.

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

*Blended* includes a mix of predominately assets in stocks and other equity securities and the remainder in bonds and other debt securities. The stocks and other equities are predominately U.S. common stock.

*International* includes a mix of predominately foreign common stocks.

*Bonds* include debt securities of any maturity, such as bonds, notes, bills and debentures.

Investment in Common and Collective Trust

The fair value of the Plan's interest in the common and collective trust that invests in the Stable Value Fund reflects the net asset value of the common and collective trust, adjusted for the variance between the contract value and fair value of the underlying investments of the trust, as reported by the fund manager. In determining the fair value of the underlying investments, the fund manager primarily uses quoted prices for similar assets for debt securities and the discounted future cash payments of the guaranteed investment contracts. These investments are classified as Level 2 investments.

As of December 31, 2011, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2011 | | |
|---|---|---|---|
| | **Quoted Prices in Active Markets for Identical Assets (Level 1)** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,476,052 | $ - | $ - |
| Mid Cap | 3,176,447 | - | - |
| Small Cap | 1,751,462 | - | - |
| Blended | 3,463,741 | - | - |
| International | 56,025 | | |
| Bonds | 4,577,980 | - | - |
| Money Market | 27,280 | - | - |
| Common and collective trust | - | 7,945,412 | - |
| Total assets | $ 20,528,987 | $ 7,945,412 | $ - |

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

As of December 31, 2010, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2010 | | |
|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,464,089 | $ - | $ - |
| Mid Cap | 3,038,871 | - | - |
| Small Cap | 2,224,589 | - | - |
| Blended | 3,468,616 | - | - |
| Bonds | 4,722,478 | - | - |
| Money Market | 9,302 | | |
| Common and collective trust | - | 7,877,280 | - |
| Total assets | $ 20,927,945 | $ 7,877,280 | $ - |

## NOTE 4 - INVESTMENTS (Unaudited)

The following summary of the Plan's investments which exceeded 5% of net assets available for benefits was derived from information prepared by the Custodian and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate (see Note 7).

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| Dodge & Cox Income Fund | 4,577,981 | 4,722,478 |
| American Europacific Growth R4 Fund | 2,782,692 | 2,778,642 |
| Artisan Mid-Cap Value Fund | 1,486,992 | 1,488,136 |
| Equity Income Fund | 3,705,646 | 3,721,189 |
| Growth Stock Fund | 3,661,997 | 3,632,638 |
| Stable Value Common Trust Fund | 7,945,412 | 7,877,280 |
| Harbor Mid-Cap Growth Institutional Fund | 1,689,455 | 1,550,735 |
| Columbia Small Cap Value II Z Fund | * | 1,500,922 |

* Investment option did not exceed 5% of net assets available for Plan benefits at the respective date.

## NOTE 4 - INVESTMENTS (Unaudited), continued

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) decreased in value by $887,802 in 2011 and increased in value by $1,892,163 in 2010.

## NOTE 5 - TAX STATUS

Effective June 30, 2008, the Company adopted a T. Rowe Price Trust Company prototype plan. The Internal Revenue Service issued an opinion letter dated January 31, 2006 stating that the prototype plan was designed in accordance with applicable IRC requirements as of that date. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the prototype plan and with the applicable requirements of the IRC. Accordingly, no provision for income taxes is reflected in the accompanying financial statements. Continued qualification is dependent on the Plan's future operations.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

## NOTE 7 - SUMMARY OF UNAUDITED INFORMATION

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010;
- Investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010;
- Schedule I: Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011; and
- Investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010 as reflected in Note 4.

## NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are in investments managed by the Custodian. In addition, the Plan has loans with its participants. Both the Custodian and the participants are considered parties-in-interest under ERISA. Loan fees paid by the Plan to the Custodian amounted to $1,800 and $1,600 for the years ended December 31, 2011 and 2010, respectively. All of these transactions are considered exempt party-in-interest transactions under ERISA.

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan reports its investment in the common and collective trust at fair value with an adjustment from fair value to contract value so that such investment is ultimately reflected at contract value, while such investment is reported at fair value on the Form 5500. As a result, certain amounts reported on the accompanying financial statements differ from the amounts reported on the Plan's Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements to the amount per the Form 5500 as of December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $29,129,228 | $ 29,398,523 |
| Adjustment from fair value to contract value for fully benefit - responsive investment contract | 277,094 | 284,718 |
| Net assets available for benefits per Form 5500 | $ 29,406,322 | $ 29,683,241 |

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, continued

The following is a reconciliation of the net (decrease) increase in net assets available for benefits per the financial statements to the amount per the Form 5500 for the years ended December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net (decrease) increase in net assets available for benefits per the financial statements | $ (269,295) | $ 2,821,335 |
| Change in adjustment from fair value to contract value for fully benefit-responsive investment contract | (7,624) | 71,338 |
| Net (decrease) increase in net assets available for benefits per the Form 5500 | $ (276,919) | $ 2,892,673 |

## NOTE 10 - RISKS AND UNCERTAINTIES

The Plan has various investment options in a combination of mutual funds and a common and collective trust. Mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain mutual funds and the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated and determined that no events have occurred subsequent to the date of the statement of net assets available for benefits and through July 25, 2012, the date of issuance of these financial statements, which would require recording or disclosure in its financial statements.

**TRIANGLE DISTRIBUTION CO.**
**401(k) PLAN**
**Plan #001**
**EIN #95-1969507**

## SCHEDULE I – SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**As of December 31, 2011**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (e) Current Value |
|---|---|---|---|
| * | Dodge & Cox Funds | Dodge & Cox Income Fund | $ 4,577,981 |
| * | American Funds | American Europacific Growth R4 Fund | 2,782,692 |
| * | American Funds | American Balanced Fund R4 Fund | 267,515 |
| * | Artisan Funds | Artisan Mid-Cap Value Fund | 1,486,992 |
| * | Columbia Funds | Columbia Small Cap Value Fund | 1,053,572 |
| * | Davis Funds | Davis New York Venture Fund | 77,897 |
| * | T. Rowe Price Trust Company | Equity Income Fund | 3,705,646 |
| * | T. Rowe Price Trust Company | Equity Index 500 Fund | 335,637 |
| * | American Funds | Growth Fund of America | 108,409 |
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| * | Harbor Funds | Harbor Mid-Cap Growth Institutional Fund | 1,689,455 |
| * | T. Rowe Price Trust Company | International Equity Index Fund | 56,025 |
| * | T. Rowe Price Trust Company | Prime Reserve Fund | 27,280 |
| * | Royce Funds | Royce Value Plus Institutional Fund | 697,889 |
| | | Total mutual funds | 20,528,987 |
| * | T. Rowe Price Trust Company | T. Rowe Price Stable Value Common Trust Fund | 7,945,412 |
| * | Promissory notes from participants | Interest at 4.25%, maturity dates between 2012 and 2016 | 96,062 |
| | | | $ 28,570,461 |

* Represents a party-in-interest

# TRIANGLE DISTRIBUTING CO.
# 401(k) PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

**For The Years Ended December 31, 2011 and 2010**

***with***

**INDEPENDENT AUDITORS' REPORT THEREON**

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Note: All other schedules have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KMJ | Corbin & Company
Business Advisors Tax and Audit

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Triangle Distributing Co. 401(k) Plan

We were engaged to audit the financial statements of the Triangle Distributing Co. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of December 31, 2011 as listed in the accompanying index. 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 T. Rowe Price Trust Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan administrator by the custodian 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, 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.

KMJ Corbin & Company LLP

KMJ | Corbin & Company LLP

Costa Mesa, California
July 25, 2012

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**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| **ASSETS** | **2011** | **2010** |
| Investments, at fair value: | | |
| Common and collective trust | $ 7,945,412 | $ 7,877,280 |
| Mutual funds | 20,528,987 | 20,927,945 |
| Total investments | 28,474,399 | 28,805,225 |
| Receivables: | | |
| Promissory notes from participants | 96,062 | 42,791 |
| Employee contributions | 10,861 | 10,225 |
| Employer contributions | 825,000 | 825,000 |
| Total receivables | 931,923 | 878,016 |
| Net assets available for benefits, at fair value | 29,406,322 | 29,683,241 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (277,094) | (284,718) |
| Net assets available for benefits | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

**TRIANGLE DISTRIBUTING CO.**
**401(k) PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | For The Year Ended December 31, 2011 | For The Year Ended December 31, 2010 |
|---|---|---|
| Additions (deductions) to net assets attributed to: | | |
| Investment (loss) income: | | |
| Net (depreciation) appreciation in fair value of assets | $ (887,802) | $ 1,892,163 |
| Dividends and interest | 693,474 | 896,798 |
| Total investment (loss) income | (194,328) | 2,788,961 |
| Participant loan interest | 3,143 | 1,009 |
| Contributions: | | |
| Participant contributions | 529,586 | 527,436 |
| Employer contributions | 825,000 | 825,000 |
| Total contributions | 1,354,586 | 1,352,436 |
| Deductions: | | |
| Benefits paid to participants | (1,430,896) | (1,319,471) |
| Loan fees | (1,800) | (1,600) |
| Total deductions | (1,432,696) | (1,321,071) |
| Net change in net assets available for benefits | (269,295) | 2,821,335 |
| Net assets available for benefits, beginning of year | 29,398,523 | 26,577,188 |
| Net assets available for benefits, end of year | $ 29,129,228 | $ 29,398,523 |

*See accompanying notes to financial statements*

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Triangle Distributing Co. 401(k) Plan (the "Plan") provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all employees ("Participants") of Triangle Distributing Co. (the "Company"). The Plan, which commenced on March 1, 1967, is subject to the provisions of the Employment Retirement Income Security Act of 1974 ("ERISA") and is qualified under Section 401(a) of the Internal Revenue Code (the "IRC").

### Plan Administration

The Plan is administered by Triangle Distributing Co. T. Rowe Price Trust Company ("T. Rowe") is the Plan's trustee and custodian ("Custodian").

### Employee Eligibility

At the start of hire, employees are eligible to make participant contributions and may enter this portion of the Plan. Plan participants are eligible for a Company discretionary contribution upon meeting the service requirement of one year of service. Upon completion of the service requirement, the participant will enter this portion of the Plan on January 1st or July 1st that coincides with the next entry period following the completion of the service requirement. Participation in the Company discretionary contributions commences in the year following the date they have entered the Plan providing they have completed a 1,000 hours of service in that plan year.

### Contributions

Each participant may elect to contribute up to 75% of his or her compensation to the Plan subject to certain IRC limitations, up to a maximum amount of $16,500 for the 2011 plan year. Participants may also rollover amounts representing distributions from other qualified plans. Participants that are 50 years of age or older who have met the annual IRC deferral limit or the specified Plan limits for deferral, may contribute a catch-up deferral of up to $5,500 for 2011.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Employer contributions to the Plan are discretionary and are made by the Company in amounts determined by its Board of Directors. Discretionary contributions are allocated to eligible participants on a pro-rata basis, based on the percentage that each participant's compensation bears to total compensation for the plan year, as defined in the Plan. During the year ended December 31, 2011 and 2010, Company contributions were $825,000 and $825,000, respectively.

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Company contributions and related earnings thereon vest over a six-year period as follows: 10% for years one and two, and 20% for each of years three through six. However, Company contributions and related earnings become fully vested if the participant reaches age 65, becomes permanently disabled or dies.

### Forfeited Accounts

If a participant's employment is terminated before full vesting of Company contributions and related earnings, the amount not vested is allocated to the remaining participants. During the years ended December 31, 2011 and 2010, forfeitures of $3,290 and $15,696, respectively, were allocated to participants. At December 31, 2011 and 2010, there were unallocated forfeitures of $37,852 and $34,266, respectively.

### Participant Accounts

Each participant's account is credited with the allocable portion of the Company's contributions and Plan earnings. Company contributions and forfeitures are allocated to participants' accounts proportionately based on annual compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Contributions made on behalf of the participants are invested in various funds according to participant elections. Participants' contributions must be allocated among the available funds in whole percentages. Participants may change investment elections at any time via telephone or via internet access with the Custodian.

## NOTE 1 - DESCRIPTION OF PLAN, continued

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. These payments may be paid in a lump sum payment.

Any withdrawals made prior to the participant attaining age 59½ for any reasons other than for death or disability is subject to a 10% federal excise tax.

Loans to Participants

Participants may borrow from their accounts up to 50% of their vested account balance up to a maximum of $50,000. Participant loan withdrawals can only be redeemed from their elective deferral and rollover sources of their balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate, which is commensurate with local prevailing rates. Loans must be repaid within five years, unless the loan was for the purchase of a personal residence. In this case, the repayment period may be extended. Participants may only have one loan outstanding at a time.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could materially differ from those estimates.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Investment Valuation

Investments are stated at fair value (see Note 3).

The T. Rowe Price Stable Value Fund ("Stable Value Fund") consists primarily of investments in fixed-income securities and bond funds; however, the fund will also purchase third-party wrap contracts and investment contracts which result in the probability that participant directed transactions with investments in the fund will be at contract value. Therefore, investments in the Stable Value Fund are considered to be fully benefit-responsive. As a result, as required by appropriate accounting guidance, Plan investments in the Stable Value Fund are reported at fair value. However, since contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, the statement of net assets available for benefits also presents an adjustment from fair value to contract value for the investment in the Stable Value Fund so that such investment is ultimately reflected at contract value in the statement of net assets available for benefits.

In accordance with the policy of stating Plan assets at fair value, the Plan presents the net appreciation (depreciation) in the fair value of its investments in the statement of changes in net assets, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

Payment of Benefits

Benefits are recorded when paid. Participants terminating employment are entitled to a distribution of their vested portion of accrued benefits.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal, or in the absence of a principal market, the most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. A fair value hierarchy was established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value:

Level 1—Quoted prices in active markets for identical assets or liabilities.

Level 2—Observable inputs other than quoted prices within Level 1, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; inputs other than quoted prices that are observable for the asset or liability (for example interest rates and yield curves, credit risks and default rates) or other inputs that are principally derived or corroborated by observable market data, correlation, or by other means.

Level 3—Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Investments in Mutual Funds

The fair value of the Plan's investments in mutual funds is determined based on quoted prices in active markets, which represent the net asset value of the shares held, and are classified as Level 1 investments.

*Large Cap* includes a mix of predominately U.S. common stocks, all of which have market capitalization in excess of $10 billion.

*Mid Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $2 billion and $10 billion.

*Small Cap* includes a mix of predominately U.S. common stock, all of which have market capitalization between $300 million and $2 billion.

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

*Blended* includes a mix of predominately assets in stocks and other equity securities and the remainder in bonds and other debt securities. The stocks and other equities are predominately U.S. common stock.

*International* includes a mix of predominately foreign common stocks.

*Bonds* include debt securities of any maturity, such as bonds, notes, bills and debentures.

Investment in Common and Collective Trust

The fair value of the Plan's interest in the common and collective trust that invests in the Stable Value Fund reflects the net asset value of the common and collective trust, adjusted for the variance between the contract value and fair value of the underlying investments of the trust, as reported by the fund manager. In determining the fair value of the underlying investments, the fund manager primarily uses quoted prices for similar assets for debt securities and the discounted future cash payments of the guaranteed investment contracts. These investments are classified as Level 2 investments.

As of December 31, 2011, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2011 | | |
|---|---|---|---|
| | **Quoted Prices in Active Markets for Identical Assets (Level 1)** | **Significant Other Observable Inputs (Level 2)** | **Significant Unobservable Inputs (Level 3)** |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,476,052 | $ - | $ - |
| Mid Cap | 3,176,447 | - | - |
| Small Cap | 1,751,462 | - | - |
| Blended | 3,463,741 | - | - |
| International | 56,025 | | |
| Bonds | 4,577,980 | - | - |
| Money Market | 27,280 | - | - |
| Common and collective trust | - | 7,945,412 | - |
| Total assets | $ 20,528,987 | $ 7,945,412 | $ - |

## NOTE 3 - FAIR VALUE MEASUREMENTS, continued

As of December 31, 2010, the Plan's investments measured at fair value on a recurring basis were as follows:

| | December 31, 2010 | | |
|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Assets: | | | |
| Mutual funds: | | | |
| Large Cap | $ 7,464,089 | $ - | $ - |
| Mid Cap | 3,038,871 | - | - |
| Small Cap | 2,224,589 | - | - |
| Blended | 3,468,616 | - | - |
| Bonds | 4,722,478 | - | - |
| Money Market | 9,302 | | |
| Common and collective trust | - | 7,877,280 | - |
| Total assets | $ 20,927,945 | $ 7,877,280 | $ - |

## NOTE 4 - INVESTMENTS (Unaudited)

The following summary of the Plan's investments which exceeded 5% of net assets available for benefits was derived from information prepared by the Custodian and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate (see Note 7).

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| Dodge & Cox Income Fund | 4,577,981 | 4,722,478 |
| American Europacific Growth R4 Fund | 2,782,692 | 2,778,642 |
| Artisan Mid-Cap Value Fund | 1,486,992 | 1,488,136 |
| Equity Income Fund | 3,705,646 | 3,721,189 |
| Growth Stock Fund | 3,661,997 | 3,632,638 |
| Stable Value Common Trust Fund | 7,945,412 | 7,877,280 |
| Harbor Mid-Cap Growth Institutional Fund | 1,689,455 | 1,550,735 |
| Columbia Small Cap Value II Z Fund | * | 1,500,922 |

* Investment option did not exceed 5% of net assets available for Plan benefits at the respective date.

## NOTE 4 - INVESTMENTS (Unaudited), continued

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) decreased in value by $887,802 in 2011 and increased in value by $1,892,163 in 2010.

## NOTE 5 - TAX STATUS

Effective June 30, 2008, the Company adopted a T. Rowe Price Trust Company prototype plan. The Internal Revenue Service issued an opinion letter dated January 31, 2006 stating that the prototype plan was designed in accordance with applicable IRC requirements as of that date. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the prototype plan and with the applicable requirements of the IRC. Accordingly, no provision for income taxes is reflected in the accompanying financial statements. Continued qualification is dependent on the Plan's future operations.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

## NOTE 7 - SUMMARY OF UNAUDITED INFORMATION

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010;
- Investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010;
- Schedule I: Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011; and
- Investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010 as reflected in Note 4.

## NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are in investments managed by the Custodian. In addition, the Plan has loans with its participants. Both the Custodian and the participants are considered parties-in-interest under ERISA. Loan fees paid by the Plan to the Custodian amounted to $1,800 and $1,600 for the years ended December 31, 2011 and 2010, respectively. All of these transactions are considered exempt party-in-interest transactions under ERISA.

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan reports its investment in the common and collective trust at fair value with an adjustment from fair value to contract value so that such investment is ultimately reflected at contract value, while such investment is reported at fair value on the Form 5500. As a result, certain amounts reported on the accompanying financial statements differ from the amounts reported on the Plan's Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements to the amount per the Form 5500 as of December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $29,129,228 | $ 29,398,523 |
| Adjustment from fair value to contract value for fully benefit - responsive investment contract | 277,094 | 284,718 |
| Net assets available for benefits per Form 5500 | $ 29,406,322 | $ 29,683,241 |

## NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, continued

The following is a reconciliation of the net (decrease) increase in net assets available for benefits per the financial statements to the amount per the Form 5500 for the years ended December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net (decrease) increase in net assets available for benefits per the financial statements | $ (269,295) | $ 2,821,335 |
| Change in adjustment from fair value to contract value for fully benefit-responsive investment contract | (7,624) | 71,338 |
| Net (decrease) increase in net assets available for benefits per the Form 5500 | $ (276,919) | $ 2,892,673 |

## NOTE 10 - RISKS AND UNCERTAINTIES

The Plan has various investment options in a combination of mutual funds and a common and collective trust. Mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain mutual funds and the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated and determined that no events have occurred subsequent to the date of the statement of net assets available for benefits and through July 25, 2012, the date of issuance of these financial statements, which would require recording or disclosure in its financial statements.

**TRIANGLE DISTRIBUTION CO.**
**401(k) PLAN**
**Plan #001**
**EIN #95-1969507**

## SCHEDULE I – SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**As of December 31, 2011**

| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (e) Current Value |
|---|---|---|---|
| * | Dodge & Cox Funds | Dodge & Cox Income Fund | $ 4,577,981 |
| * | American Funds | American Europacific Growth R4 Fund | 2,782,692 |
| * | American Funds | American Balanced Fund R4 Fund | 267,515 |
| * | Artisan Funds | Artisan Mid-Cap Value Fund | 1,486,992 |
| * | Columbia Funds | Columbia Small Cap Value Fund | 1,053,572 |
| * | Davis Funds | Davis New York Venture Fund | 77,897 |
| * | T. Rowe Price Trust Company | Equity Income Fund | 3,705,646 |
| * | T. Rowe Price Trust Company | Equity Index 500 Fund | 335,637 |
| * | American Funds | Growth Fund of America | 108,409 |
| * | T. Rowe Price Trust Company | Growth Stock Fund | 3,661,997 |
| * | Harbor Funds | Harbor Mid-Cap Growth Institutional Fund | 1,689,455 |
| * | T. Rowe Price Trust Company | International Equity Index Fund | 56,025 |
| * | T. Rowe Price Trust Company | Prime Reserve Fund | 27,280 |
| * | Royce Funds | Royce Value Plus Institutional Fund | 697,889 |
| | | Total mutual funds | 20,528,987 |
| * | T. Rowe Price Trust Company | T. Rowe Price Stable Value Common Trust Fund | 7,945,412 |
| * | Promissory notes from participants | Interest at 4.25%, maturity dates between 2012 and 2016 | 96,062 |
| | | | $ 28,570,461 |

* Represents a party-in-interest