Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	F Complete all entries in act	cordance wit	n the instructions to the Form 5500	J-SF.				
	Part I Annual Report Identification Information							
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/2	2011	and ending 1	2/31/2	011			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final r	return/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under:	automatio	c extension		DFVC program			
	special extension (enter descri	ption)						
Pa	art II Basic Plan Information—enter all requested info	rmation						
1a	Name of plan			1b	Three-digit			
THE	WINE CONNECTION, INC. PROFIT SHARING PLAN				plan number			
				4 -	(PN) 001			
				1C	Effective date of plan 01/01/1995			
	Plan sponsor's name and address; include room or suite numbe	r (employer, it	f for a single-employer plan)	2b	Employer Identification Number	er		
THE	WINE CONNECTION, INC.				(EIN) 13-3704993			
				2c	Sponsor's telephone number			
	VESTCHESTER AVENUE			0.1	914-764-9463			
POU	JND RIDGE, NY 10576			2d	Business code (see instruction 445310	ns)		
32	Plan administrator's name and address (if same as plan sponso	enter "Same	2")	3h	Administrator's EIN			
	WINE CONNECTION, INC. 32 WEST	CHESTER AV	/ÉNUE		13-3704993			
	POUND	IDGE, NY 10	576	3c Administrator's telephone numb				
4	If the name and/or EIN of the plan sponsor has changed since t	ne last return/	report filed for this plan, enter the					
_	name, EIN, and the plan number from the last return/report.			4c	DN			
	Sponsor's name Total number of participants at the beginning of the plan year				PN			
			ŀ	5a				
b			h	5b				
С	Number of participants with account balances as of the end of the complete this item)			5c		5		
6a	Were all of the plan's assets during the plan year invested in el	gible assets?	(See instructions.)		X Yes	No		
b	3				V voo □	l No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Pa	art III Financial Information	5 1 01111 3300	or and must mistead use i orm soc	.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a		7a	152260		151141			
b			0		0)		
С	·		152260		151141			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		0		,			
	(1) Employers	8a(1)	0	_				
	(2) Participants	8a(2)	0	_				
_	(3) Others (including rollovers)	8a(3)	0	_				
b	,		-1119					
C					-1119			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		0					
е			0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1119			
j	Transfers to (from) the plan (see instructions)	8i	0					

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Page 2 -	1	
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Part IV	Plan	Charact	eristics
I altıv	ı ıaıı	Onal aci	にいらいしろ

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance	•						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
	b Enter the minimum required contribution for this plan year							
	C Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o 📗	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plar	n(s) to			_		_
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	1:	3c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	shed.			
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	n/rep	ort, in	cluding	j, if applica	able, a	Sche	dule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	MASSIMO MARINUCCI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	MASSIMO MARINUCCI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Transpry Internal Revenue Service

Panalan Dannfit Guaranty Corporation

Department of Linby Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110

1210-0000

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7	Poisson behalf (simmly complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report	Identification Information	7111	**************************************		A STATE OF THE STA				
F	or the calendar plan year 2011 or	fiscal plan year baginning	01/	01/2011 and ending	1.3	2/31/2011				
p	This return/report is for,	a single-employer plan		e-employer plan (not multicmplayer)						
6	_	the first return/report			ŧ	a one-participant plan				
	· · · · · · · · · · · · · · · · · · ·	·		return/report						
	an amended return/report a short plan year return/report (less than 12 months)									
¢	Check box if filing under:	[DFVC program							
	apacial extension (enter description)									
1	Partill Basic Plan Information enter all requested information.									
	A Name of plan	THREE PROPERTY OF THE PROPERTY	omalian"	400 d	7.45	Three-digit				
						plan number				
	The Wine Connection,			(PN) ▶ 001						
					1c	Effective date of plan				
2	9 Plan spongor's name and adde	ess; include room or sulte number (c		T		01/01/1995				
,	The Wine Connection,	Ing.	mpioyer, n	or single-employer plan)	2b	Employer Identification Number				
						(E(N) 13-3704993				
					Zc	Plan sponsor's telephone number				
	32 Westchester Avenue	31			-	(914) 764-9463				
***	. Praymat Malaya	44			20	Business code (see instructions)				
38	TO SERVICE OF THE PROPERTY OF	NY 10576 address (if same as plan sponsor, er		The state of the s		445310				
.VE	Samo	address (ii same as plan sponsor, er	ner "Same")	3b	Administrator's EIN				
•				•	3c /	Administrator's telephone number				
						,				
4	If the name and/or EIN of the pl	an sponsor has changed since the la	et calum/a	nort filed for this plan, onto the	4b (7141				
	name, Eliv, and the plan numbe	er from the last return/report.	or refusions	port med for this plant, ether the	<u></u>	ar the second se				
Water And	a Sponsor's Name 4c PN									
5a	Total number of participants at t	the beginning of the plan year			5a 5b	7				
b	Total number of participants at (7								
U	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).									
6a	KG More di of the night accele design the size of the									
b										
	MORE ON CHA 2500 184-462 (See included from the control of the state o									
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 6500.									
	Part III Financial Information									
7	Plen Assets and Liabilities	**************************************	Links	(a) Beginning of Year	1	(b) End of Year				
a	Total plan assets		. 7a							
b	Total plan flabilities		76	152,260		151,141				
G	Net plan assets (subtract line 7b	from line 7a)		0		0				
8	Income, Expenses, and Transfer	The state of the s	. 7c	152,260		151,141				
a	Contributions received or receive		X2075000	(a) Amount	P0022252	(b) Total				
	(1) Employers		. 8a(1)	o						
	(2) Participants		. 8a(2)	0		A PROPERTY OF THE STATE OF				
	(3) Others (including rollovers).		8a(3)	0	一個					
b	Other Income (loss)		8b							
C	Total income (add lines 8a(1), 8a	(2), 8a(3), and 8b)	Bc.	(1,119)		RATE STATE OF THE				
d	Benefits paid (including direct roll	lovers and insurance premiume			5330 825.20 [2]	(1,119)				
	to provide benefits)		8d	0						
0		a distributions (see instructions)	89	0						
f		(salaries, fees, commissions)	8f	0						
g	Other expenses	•		0	派派					
-	Total expenses (add lines 8d, 8e,		8g 8h		N N N N N N N N N N N N N N N N N N N					
	Net income (loss) (subtract line 8)		81		8	O				
	Transfers to (from) the plan (see i				E 100 (100 (100 (100 (100 (100 (100 (100	(1,119)				
4	· · · · · · · · · · · · · · · · · · ·	PORTUGUES A A A A A A A	8j	٥	10505.333					

h. /	Form 5500-SF 2011 Page 2-						
	Plan Characteristics			·····	***************************************	***	· · · · · · · · · · · · · · · · · · ·
31-2-1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact	Ariatic	Code	. In the	Instructions		A. 1000 P. C.
	_ 2E 3D						
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	ristic C	odee	in the	instructions;		
	Compliance Questions	.,		TOTAL N. S		·	
10	During the plan year;	Photo:	Yes	No	1	mount	
3	Was there a fallure to transmit to the plan any participant contributions within the time period described in	<u></u>		1		11100111	
F-s	29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	100	···•	X		CONTRACTOR A	
Ų	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	800		×			
		105					****************
d	Was the plan covered by a fidelity bond?. Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10c		X	***************************************	***************************************	
-	or dishonesty?	100		ж			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,		*****				78.65.65
	Insurance services or other organization that provides some or all of the benefits under the plan? (See			ж			
f	instructions,)	100		-	***************************************	Colombia de La Colomb	
	Has the plan falled to provide any benefit when due under the plan?	10f		x	**********		
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	THE CHARLES OF STREET		
89	if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)	10h		ж			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the						100
esiste.	exceptions to providing the notice applied under 29 CFR 2520,101-3	101				£	
	VI Pension Funding Compliance		MARCH 1975 A 1 - 1 - 1				
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	lete Sc	hodul	e SB (Form	Type	X No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o	derdir.		ofFR	ISA2		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	****	-,,,	- V 1001		L	1 Indian
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ons, a	nd ent	er the	date of the l	elter rulin	g
lf 3	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	****	-	Dety	, , , , , , , , , , , , , , , , , , ,	Gai	
b	Enter the minimum required contribution for this plan year		. [12b	***************************************		
C	Enter the amount contributed by the employer to the plan for this plan year		. [12c	T 700 700 700 700 700 700 700 700 700 70	* *********	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (onter a minus sign to the left of	a		12d	***************************************	***************************************	-
^	negative amount)	• •		[Tives I		T-1444
CAS (4) (4)	Will the minimum funding amount reported on line 12d be met by the funding deadline?			***	☐Yes [No	□N/A
W. Harrison		, ,	· · · · · · · · · · · · · · · · · · ·			ran I.a	E-1.
1381	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	• •	'n			Yes	X No
L.		• *		13a		~~~	
Ŋ	Were all the plan seasets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	der the	s conti	rol		MV ₂	No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See Instructions.)	plan(s) to	• •	* * * *		[¥]140
1	3c(1) Name of plan(s):		130	:(2) El	N(3)	130(3)	PN(s)
	-77111111111111111111111111111111111111		******	WATER PROPERTY		1	
					10015555555555555555555555555555555555		A
						-	

Caution: A panalty for the late or incomplete filing of this refum/report will be assessed unless reasonable cause is established.

Under penalties of period and effect panalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign L	10-15-12	- MASTINO HARMORY
HERE Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
SIGN	10-15-12	MASiro Hanves
HERE Signature of employer/plen sponsor	Date	Enter name of individual signing as employer or plan sponsor