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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		peonon
Part I	Annual Report I	dentification Information				•	
For calen	dar plan year 2013 or fis			and ending 1	2/31/2	2013	
A This re	eturn/report is for:			an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	ne final return/report				
		an amended return/report a	short plan year return	report (less than 12 mo	onths))	
C Check	box if filing under:	☐ Form 5558 ☐ a	utomatic extension			DFVC progra	ım
	ŭ	special extension (enter description))			—	
Dort II	Basis Blan Infor	<u> </u>					
Part II	•	mation—enter all requested informati	on		1 h	There all all	
1a Nam	•	DATION DEOCIT CHARING DI ANI			ID	Three-digit plan number	
AIR WAC L	1131 RIBUTING CORPOR	RATION PROFIT SHARING PLAN				(PN) ▶	001
					1c	Effective date of	
						01/01/	•
2a Plan	sponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
	DISTRIBUTING CORPO		. , ,	, , , ,		(EIN) 13-25	
					2c	Sponsor's telep	hone number
333 NORT	H BEDFORD ROAD					914-24	
SUITE 115					2d	Business code (see instructions)
MOUNT KI	SCO, NY 10549					42399	
3a Plan	administrator's name and	d address XSame as Plan Sponsor Nai	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
			Ш	·			
					3с	Administrator's t	telephone number
		plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
	e, Env, and the plan hun sor's name	nber from the last return/report.			4c	DN	
		at the beginning of the plan year					40
_					5a		12
	·	at the end of the plan year			5b		0
	· ·	account balances as of the end of the pla	•	•	5c		0
6a Wer	e all of the plan's assets	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No
		the annual examination and report of an					
		(See instructions on waiver eligibility an					X Yes No
		ther line 6a or line 6b, the plan cannot					1
C If the	plan is a defined benefit	t plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .	📙	Yes No	Not determined
Caution:	A penalty for the late o	or incomplete filing of this return/repo	rt will be assessed u	ınless reasonable cau	se is	established.	
		er penalties set forth in the instructions,					able, a Schedule
		d signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and t	to the best of my	knowledge and
belief, it is	true, correct, and comp	lete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sio	ning as plan adn	ninistrator
OLON	Orginatar o or plant ac		Buto	Enter name of marvia	aai oig	Jimig do pidir dan	milotrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
reparer's	s name (including firm na	ame, if applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone	number (optional)
				ŀ			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) F	nd of \	/ear	
<u>.</u>	Total plan assets	7a	77548				(6) =	14 01)
	Total plan liabilities	7b		0					()
	Net plan assets (subtract line 7b from line 7a)	7c	77548	37					()
8	Income, Expenses, and Transfers for this Plan Year	70			+		/h	\ Tota		
a	Contributions received or receivable from:		(a) Amount				(L) Tota		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	57	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							572	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	77600	9						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	5	0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							776059)
i	Net income (loss) (subtract line 8h from line 8c)	8i							775487	7
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	-,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	uctions	:	
Par	t V Compliance Questions									
10	·				Yes	No		Δ		
	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions within	the time period described in	1	162	NO		An	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X				
N.	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
	· · · · · · · · · · · · · · · · · · ·				Χ					75000
	, ,			10c						75000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	•								
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	·			10f		Χ				
						X				
9	<u> </u>	•	·	10g		^				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
ī	,									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "\			Sched	dule SE		l	Yes	X No
11	5500) and line 11a below)		<u></u>							
						11a		··· L		
	5500) and line 11a below)	om Sched	ule SB (Form 5500) line 39			11a		· ·	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding	om Sched	ule SB (Form 5500) line 39			11a		· ·		X No
11a	5500) and line 11a below)	requirements as applicating amortized	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	11a 302 of	ERISA?	· [Yes etter ru	
11a 12	5500) and line 11a below)	om Sched requireme as applica ng amortize	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	11a 302 of enter th	ERISA?	of the I	Yes etter ru	

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	Ĺ
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	′es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	ontrol		X Yes N	0
С	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.)	0			
	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) PN(s)	,
Part	VIII Trust Information (optional)				
	Name of trust MAC DISTRIBUTING CORPORATION PR		rust's EIN 32598221		

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor 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).

OMB Nos. 1210-0110 1210-0089

2013

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	seazion penent cremital creabilities	➤ Complete all entries in accor	dance with the instru	ections to the Form 550	0-SF.		the beautiful to the state of t		
introceres.		Identification Information	or las loors	1 6		Les II. Eve en a			
-	calendar plan year 2013 or fis	pag par	01/01/2013	and ending	12/	91/2013			
	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan		
В	This return/report is:	the first return/report x	the final return/report	t e					
		an amonded return/report	a short plan year reti	um/report (less than 12 m	onths)				
C	Check box if filling under:	Form 5558	automatic extension			DFVC progra	IFT		
		special extension (enter description	on)						
P;	art II Basic Plan Info	ormation enter all requested Info	rrialion		enamentez e en e	(V//v///ss-er-commonment to-though extend by the section of the se	**************************************		
***************************************	Name of plan	The state of the s	A STATE OF THE PROPERTY OF T			hree-digit			
	AIR MAC DISTRIBUTI	NG CORPORATION PROFIT SHAP	ING PLAN			an number ≥N) ≽	001		
					······································	ffective date o			
# had and an						1/01/1980			
2a	Plan sponsor's name and at AIR MAC DISTRIBUTION	ddress; Include room or sulte number (NG CORPORATION	employer, if for a singl	e-employer plan)	1	mployer Ident EIN) 13–25	ification Number 98221		
						ponsor's telep 914) 241-	hone number		
	333 NORTH BEDFORD F	ROAD					(see instructions)		
US	SUITE 115 MOUNT KISCO	NY 10549				23990	(ada men aemento)		
		nd address [X] Same as Plan Sponso	or Name Same as	Plan Sponsor Address	3b A	dministrator's	EIN		
					3c A	dministrator's	telephone number		
-	na mat-1944 1744 1845 1847 1847 1847 1847 1847 1847 1847 1847		-	· · · · · · · · · · · · · · · · · · ·	*1	44.00 mm = 1000			
4		e plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN				
	Sponsor's name	mber from the last return/report.			4c P	N			
**********	<u></u>	at the beginning of the plan year			5a		12		
b		at the end of the plan year				0			
C		account balances as of the end of the					23.		
					5c		0		
		during the plan year invested in eligible			**************************************	************	X Yes No		
b	under 29 CFR 2520,104-46?	the annual examination and report of (See instructions on waiver eligibility)	and conditions.)	*****************************	**********		X Yes No		
	If you answered "No" to elt	ther line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form 55	500.	Attoriones		
C	If the plan is a defined benefit	it plan, is it covered under the PBGC h	rsurance program (se	e ERISA section 4021)?		Yes No	Not determined		
Car	ition: A penalty for the late	or incomplete filing of this return/re	port will be assesse	d unless reasonable ca	use is e	stablished.			
Une	ter nenalties of periory and of	her negaltles set forth in the instruction	ns. I declare that I hav	e examined this return/re	port, inc	luding, if appl	lcable, a Schedule		
SB	or Schedule MB completed a	nd signed by an enrolled actuary; as w	vell as the electronic v	ersion of this return/repor	rt, and to	the best of m	y knowledge and		
belief, it is trust correct, and complete.									
			1/2017	JOHN SANTORO			1-1-1-1		
HE	RE /signature of plan agim	Inistrator	Date	Enter name of individua	name of individual signing as plan administrator				
	an Man Jes	THE	169/11						
	RE/Signature of employer		Date	Enter name of Individua		and the second s	number (optional)		
Pro	på/er's name (including firm n	name, if applicable) and address; inclu	de room or suite numi	oer (opnonai)	Liebaie	at e raightimite	ummer (obnount)		
					2-14-15-17-18-18-18-18-18-18-18-18-18-18-18-18-18-		A STATE OF THE PARTY OF THE PAR		

Pa	art III Financial Information					***********	***************************************			
7	Plan Assets and Liabilities		(a) Beginning of Year	r		**********	(b) End c	fYe	11"	***************************************
a	Total plan assets	7a	775,487					0		
b	Total plan liabilities	7b	The second second control of the second seco	. 0		The state of the s			0	
G	Net plan assets (subtract line 7b from line 7a)	7¢	775,48			omnonenenenen () () () () () () () () () (44.14.414), pp	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	**************************************	**********	(b) Total				
a	Contributions received or receivable from: (1) Employers	0/41		0						
***************************************	(2) Participants	8a(1) 8a(2)		0	distriction of the second					
w	(3) Others (Including rollovers)		CA many parameter graduate and the section of the s	0						
ъ	Other income (loss)	8a(3) 8b	and the second s							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7.2	58350	201927				
d	Benefits paid (including direct rollovers and insurance premiums	0.0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16256	1914-1916	TVACUES	5	72
	to provide benefits)	8d	776,00	9						
	Certain deemed and/or corrective distributions (see instructions)	0e		0	i i i i i i i i i i i i i i i i i i i					
1_	Administrative service providers (salaries, fees, commissions)	81		50						
g	Other expenses	89		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\ }			7	76,0	59
1	Net income (loss) (subtract line 8h from line 8c)	81						(77	5,48	7)
	Transfers to (from) the plan (see instructions)	8]		0	127					Milit.
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fo	ature cod	es from the List of Plan Charac	teristi	c Code	es In	the instructi	ons:	***************	******************************
	2E 2H 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	ristic	Codes	in-th	e instructio	15:	at et stronger en och av geden	***************************************
			adaminana ana ana ana ana ana ana ana ana an				·····			
h	rt V Compliance Questions	·			********************************	****************		····		
10	The state of the s									
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	Were there any nonexempt transactions with any party-in-interest?			10b		Х				
C	Was the plan covered by a fidelity bond?	********	***************************************	10c	х	***********			7.5	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?			10d		X.		in mangang ruphka	***************************************	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or	of the bene	efits under the plan? (See			· · · · · · · · · · · · · · · · · · ·		Prince Constitution of		
	instructions.)			10e		X			······································	
f	Has the plan failed to provide any benefit when due under the plan	7	}\$	10f		Х		********		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х		*********		
1000	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101			17			
Par	LVI Pension Funding Compliance	anamanan manan					**************************************			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						* '		Yes [X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedi	ule SB (Form 5500) line 39			11a		***************************************		American Company
12	Is this a defined contribution plan subject to the minimum funding r)2 of	ERISA?		Yes [SI No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NA	1	***************************************			-
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instruct			nter ti Da		ın lel Ye		ıg.
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	*****************								
b	Enter the minimum required contribution for this plan year	******	RG+4411444815385X3X455415455555555445444644455455455			20				
	and the second s			***************************************			***************************************	***/************	**************	

Part VIII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	Form 5500-SF 2013	Page 3-				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	C Enter the amount contributed by the employer to the plan for this plan year	***************************************	120	·		***************************************
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any 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 of a	T777777777		namenta anno anno anno anno anno anno anno a	
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 Description of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the plan (s) to the plan (s) to which 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN	e Will the minimum funding amount reported on line 12d be met by the funding deadl	ine?	[_]	Yes [ING LIM	/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year Main assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Part VII Plan Terminations and Transfers of Assets	The state of the s	and the same of th	***************************************		Michigany
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? c 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.) 13c(1) Name of plan(s): 13a 13a 13a	13a Has a resolution to terminate the plan been adopted in any plan year?	*****************	XY	es 🗌 N	Ö	
of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Annual State of the Control of the C	1		The state of the s	0
C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN	b Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	control	[XIYes II N	Jn	
	C If during this plan year, any assets or liabilities were transferred from this plan to an	other plan(s), identify the plan(s) t	0		3777777	***************************************
	13c(1) Name of plan(s):	13	o(2) EIN((s)	13c(3) PN(s)	}
Part VIII Trust Information (optional)			optionen on management and a section of the section			<u> </u>
	Part VIII Trust Information (optional)	internantial management and the state of the	Netfork (executoryous viscover)			***************************************
14a Name of trust 14b Trust's EIN	14a Name of trust		14b T	rust's EIN	and the state of t	************************
ATR MAC DISTRIBUTING CORPORATION PR	ATR MAC DISTRIBUTING CORPORATION PR			13-2598	3221	