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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1975

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
TRY-IT DISTRIBUTING COMPANY, INC

4155 WALDEN AVENUE
LANCASTER, NY 14086

2b Employer Identification Number (EIN)
16-0666490

2c Plan Sponsor's telephone number
716-651-3551

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.	10/15/2015	JOSEPH J. EMMERLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRY-IT DISTRIBUTING COMPANY, INC
JOSEPH EMMERLING
255 LAWRENCE WOODS
ORCHARD PARK, NY 14127

3b Administrator's EIN: 16-0666490

3c Administrator's telephone number: 716-651-3551

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**	541
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	501
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	547
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	599
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	600
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	456
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	34
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)	☒	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)	☒	**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)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

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).. . . . . [X] 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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

(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 ☐

(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 ☐

(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 ☐

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)

(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 ☐

(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 ☐

(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
(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.	

(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.	

(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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

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: FEDERATED CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST CO

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)
22-2712853-001	C	3480156

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	164	164
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	3146862	3480156
(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)	15238670	17146619
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	18385696	20626939
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		5099
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	5099
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18385696	20621840

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	418329	
	(B) Participants	2a(1)(B)	936280	
	(C) Others (including rollovers)	2a(1)(C)	477542	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1832151
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1022711	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1022711
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20013
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		13555
c Other income	2c		350000
d Total income. Add all **income** amounts in column (b) and enter total	2d		3238430
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	798951	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		798951
f Corrective distributions (see instructions)	2f		3269
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
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)	200066	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		200066
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1002286
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2236144
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHIAMPOU, TRAVIS, BESAW & KERSHNER **(2)** EIN: 16-1468002

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		500000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TRY-IT DISTRIBUTING COMPANY, INC & SUBSIDIARIES CASH OR DEFERRED PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRY-IT DISTRIBUTING COMPANY, INC

D Employer Identification Number (EIN)
16-0666490

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): 94-1687665

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TRY-IT DISTRIBUTING CO., INC.
& SUBSIDIARIES
CASH OR DEFERRED PLAN

Financial Statements as of and for the Years Ended
December 31, 2014 and 2013
and Supplemental Schedule as of
December 31, 2014
with
Independent Auditors' Report

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

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Chiampou Travis
Besaw & Kershner LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Try-It Distributing Co., Inc & Subsidiaries
Cash or Deferred Plan
Lancaster, New York

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Try-It Distributing Co., Inc. & Subsidiaries Cash or Deferred Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Bank of America N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 trustee, 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.

Champion Travis Besow & Kersh LLP

October 14, 2015

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Mutual funds	$ 17,146,619	$ 15,238,670
Common collective trusts	3,491,418	3,155,837
	20,638,037	18,394,507
RECEIVABLES:		
Profit sharing contribution	193,696	200,066
Participant contributions	4,458	-
Employer contributions	641	-
Other	164	164
	198,959	200,230
TOTAL ASSETS	20,836,996	18,594,737
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Excess contributions payable	-	3,269
Other	5,099	-
	5,099	3,269
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	20,831,897	18,591,468
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(11,262)	(8,975)
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,820,635	$ 18,582,493

See notes to financial statements.

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation of investments	$ 13,555	$ 2,263,223
Interest and dividends	1,042,724	527,671
Total investment income	1,056,279	2,790,894
Contributions:		
Participant	944,007	669,070
Rollover	477,542	36,140
Profit sharing	343,630	200,066
Employer	220,920	126,650
Total contributions	1,986,099	1,031,926
Total additions	3,042,378	3,822,820
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	804,236	3,047,891
NET INCREASE	2,238,142	774,929
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	18,582,493	17,807,564
End of year	$ 20,820,635	$ 18,582,493

1. PLAN DESCRIPTION

The following is a brief description of the Try-It Distributing Co., Inc. & Subsidiaries Cash or Deferred Plan (the "Plan") provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan as permitted under Section 401(k) of the Internal Revenue Code ("IRC"). The Plan is funded by employee and employer contributions and covers all full-time and regular part-time employees of Try-It Distributing Co., Inc. (the "Company" or "Plan Sponsor"), its wholly-owned subsidiaries Balkan Beverage, LLC and Saratoga Eagle Sales & Service, Inc. and its affiliates Eagle Associates of WNY, Inc. and Eagle Associates of Niagara Frontier, Inc., who are at least 21 years of age. Effective December 16, 2013, employees covered by a collective bargaining agreement are eligible to participate in the Plan, prior to this date they were not eligible for participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's administrative expenses are paid by the Plan Sponsor.

Contributions – Participants may make contributions to the Plan in the form of salary deductions of up to 75% of their compensation. Participant contributions are limited by the maximum allowable contribution under the IRC. The Plan also has a provision for employer matching contributions, whereby the Company will match 25% of employee contributions up to a maximum of $1,000 for each participant. Effective June 30, 2014, through the last pay period of 2014, the Company matched an additional 100% of contributions made by employees covered by a collective bargaining agreement up to an additional maximum of $1,000. The Company may also make a discretionary profit sharing contribution and the amount may vary from year to year. This contribution is determined at year-end by the Board of Directors. In order to share in the discretionary contribution, an employee must be employed on the last day of the Plan year and have completed one year of service as defined by the Plan.

Vesting – Participants are immediately vested in both their voluntary contributions and Company matching contributions and the earnings thereon. Vesting in the discretionary profit sharing contributions, and earnings thereon, are based on a graded vesting schedule with participants 100% vested after six years.

Forfeitures – Forfeitures for profit sharing contributions may first be used to reduce employer contributions, then used to pay administrative expenses of the Plan which would otherwise be paid by the Company, and then allocated to participants in the ratio which the compensation of each participant for the plan year bears to the total compensation for the plan year of all participants otherwise entitled to share in the employer contributions.

Participant Accounts – Each participant's account is credited with the participant's contribution and an allocation of the employer contributions and Plan earnings. Allocations of earnings are based on participant account balances.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall become 100% vested and entitled to the amount of their account at the date of such termination.

1. PLAN DESCRIPTION (continued)

Payment of Benefits – Employees are eligible for retirement at normal retirement age 65 or early retirement age 55. Benefits are determined by the final value of the participant's account at the time of retirement, termination or death. Various payment options are available upon retirement including lump-sum cash or minimum distribution installments.

Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's normal retirement date or actual retirement date. Distributions are also permitted in the event of financial hardship, as defined by the Plan. In addition, in-service distributions may be made from any of the participant's vested accounts at any time upon or after the participant attains age 59 ½.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments – The Plan establishes a fair value based on a hierarchy which identifies three levels of input. Level 1 inputs are generally quoted market prices for identical assets or liabilities, which are actively traded, on an exchange. Level 2 inputs generally consist of market prices for identical assets which are not actively traded or market prices of similar assets or liabilities which are actively traded, on an exchange. Level 3 inputs are referred to as unobservable inputs and consist primarily of information derived by management where Level 1 and Level 2 inputs are not available. These may include such things as present value of expected future cash flows or other valuation methodologies. Under the hierarchy, Level 1 inputs are the most preferred followed by Level 2, and Level 3. Level 3 inputs are to be used when neither Level 1 nor Level 2 inputs are available.

An investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2014 and 2013:

Mutual funds: Valued based on the net asset values of the shares held by the Plan at year end.

Common collective trusts: Are fully benefit-responsive and are valued based on the contract values of the underlying investment in the fund. Contract value represents contributions made under the contract, adjusted for dividend earnings, transfers, loan activity, and distributions. The Plans' investment in this fully benefit-responsive investment fund yielded investment gains of 0.6% and 0.7% for the years ended December 31, 2014 and 2013, respectively.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

The Plan presents in the statements of changes in net assets available for benefits, the net appreciation of investments, which includes unrealized and realized gains and losses on investments that were held or sold during the year.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Payment of Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events – Management of the Plan has evaluated the effects of all subsequent events through October 14, 2015, the date the financial statements were available to be issued, to determine if events or transactions occurring through that date require potential adjustment or disclosure in the financial statements.

3. INVESTMENTS

All Plan assets are participant-directed. Investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets available for benefits in either year are as follows:

	2014	2013
Federated Capital Preservation Trusts, at contract value	$ 3,480,156	$ 3,146,862
BlackRock Global Allocation A	2,057,843	1,788,838
BlackRock S&P 500 Stock Fund I GM	1,937,852	-*
BlackRock EQ Dividend A	1,454,514	1,416,103
BlackRock S&P 500 Stock Fund I	1,027,480*	2,529,371

* This investment represents less than 5% of the Plan's net assets available for benefits for the year shown and is included for informational purposes only.

During 2014 and 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $13,555 and $2,263,223, respectively.

4. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to Note 2 – Summary of Significant Accounting Policies. The following table presents the balances of the assets of the Plan measured at fair value on a recurring basis at December 31:

	2014	2013
Level 1:		
Mutual funds:		
U.S. large-cap funds	$ 7,614,439	$ 6,924,961
International funds	3,607,807	3,238,807
U.S. mid-cap funds	2,744,223	2,278,583
Intermediate term bond funds	1,555,840	1,370,763
U.S. small-cap funds	1,187,742	1,023,235
Diversified emerging markets funds	198,361	232,331
Domestic healthcare funds	108,239	75,794
Domestic utilities funds	68,310	46,708
Domestic real estate funds	44,397	29,923
Equity precious metals funds	10,184	10,222
Domestic natural resources funds	6,749	7,322
Inflation protected bond funds	328	21
	17,146,619	15,238,670
Level 2:		
Common collective trusts	3,491,418	3,155,837
Total investments at fair value	$ 20,638,037	$ 18,394,507

5. PARTY IN INTEREST TRANSACTIONS

Certain investments are shares of mutual funds managed by the Merrill Lynch Retirement Group, an affiliate of Merrill Lynch Trust Company, FSB ("Merrill Lynch"), which is a wholly-owned subsidiary of Bank of America, N.A. ("Bank of America"). As Bank of America is the Plan trustee as defined in the Plan document, these transactions qualify as party in interest transactions.

6. INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") stating the Plan is qualified under Section 401(a) of the IRC, and, therefore, the related net trust investment income is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications. The Plan was amended subsequent to the IRS determination letter. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust investment income is tax exempt.

7. SUMMARY OF TRUSTEE INFORMATION

The following is a summary of unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule. The information was prepared by Bank of America, N.A. for both 2014 and 2013 and furnished to the Plan Sponsor. The trustee has certified that the information is complete and accurate:

a. Current value of assets held by the trustee at December 31:

	2014	2013
Mutual funds	$ 17,146,619	$ 15,238,670
Common collective trusts, at contract value	3,480,156	3,146,862

b. Other receivables as of December 31:

	2014	2013
Accrued income	$ 164	$ 164

c. Additions to net assets available for plan benefits for the years ended December 31:

	2014	2013
Net appreciation of investments	$ 13,555	$ 2,263,223
Interest and dividend income	1,042,724	527,671

d. Supplemental schedule: All investment balances and information included in the Supplemental Schedule of Assets (Held at End of Year) (see page 11).

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2014	2013
Net assets available for benefits per the financial Statements	$ 20,820,635	$ 18,582,493
Add: Excess contributions payable	-	3,269
Less: Profit sharing contribution receivable	(193,696)	(200,066)
Participant contributions receivable	(4,458)	-
Employer contributions receivable	(641)	-
Net assets available for benefits per the Form 5500	$ 20,621,840	$ 18,385,696

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

	2014	2013
Change in net assets available for benefits per the financial statements	$ 2,238,142	$ 774,929
Add:		
Profit sharing contribution receivable at beginning of year	200,066	182,402
Participant contributions receivable at beginning of year	-	8,110
Employer contributions receivable at beginning of year	-	2,027
Excess contributions payable at end of year	-	3,269
Less:		
Profit sharing contribution receivable at end of year	(193,696)	(200,066)
Deemed distributed notes receivable from participants	-	(332)
Participant contributions receivable at end of year	(4,458)	-
Excess contributions payable at beginning of year	(3,269)	-
Employer contributions receivable at end of year	(641)	-
Changes in net assets available for benefits per Form 5500	$ 2,236,144	$ 770,339

Net assets available for benefits and changes in net assets available for benefits per the financial statements include profit sharing, employer and participant contributions receivable. Net assets available for benefits and changes in net assets available per the Form 5500 were prepared on the cash basis.

* * * * * *

TRY-IT DISTRIBUTING CO., INC. & SUBSIDIARIES CASH OR DEFERRED PLAN

EIN: 16-0666490
PLAN NUMBER: 001

FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	**Investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost****	**Current value**
		Common collective trusts:		
	Federated Capital	Federated Capital Pres CL ISP, at contract value		$ 2,074,184
	Federated Capital	Federated Capital Pres GM ISP, at contract value		1,405,972
		Mutual funds:		
*	BlackRock, Inc.	BlackRock Global Allocation A		2,057,843
*	BlackRock, Inc.	BlackRock S&P 500 Stock Fund I GM		1,937,852
*	BlackRock, Inc.	BlackRock EQ Dividend A		1,454,514
*	BlackRock, Inc.	BlackRock S&P 500 Stock Fund I		1,027,480
	Wells Fargo	Wells Fargo Adv Growth CL A GM		998,777
	Massachusetts Financial Services	MFS Value Fund CL A GM		993,149
	Pimco	Pimco Total Return Fund CL A GM		978,480
	American Funds	American Europacific Growth Fund R3 GM		826,217
	American Funds	American Europacific Growth Fund R3		723,747
	Wells Fargo	Wells Fargo Adv Growth CL A		689,947
	Columbia	Columbia Midcap Index CL A GM		681,408
	JPMorgan	JPMorgan Core Bond Fund A GM		625,465
	JPMorgan	JPMorgan Core Bond Fund A		535,579
	JPMorgan	JPMorgan Small Cap Equity Fund CLA		420,631
	Columbia	Columbia Small Cap Index FD A GM		396,302
	Pimco	Pimco Total Return Fund CL A		394,796
	Massachusetts Financial Services	MFS Value Fund CL A		350,227
	Goldman Sachs & Co.	Goldman Sachs Midcap Value Fund A GM		306,785
	Columbia	Columbia Midcap Index FD CL A		280,405
	Goldman Sachs & Co.	Goldman Sachs Midcap Value Fund A		253,954
	Eaton Vance	Eaton Vance Atlanta Cptl SMD GM		225,478
	Victory Small Company	Victory Small Company Opportunity A GM		210,311
	OppenheimerFunds, Inc.	Oppenheimer Developing Markets Fund CL A		198,361
	Fred Alger & Co.	Alger Capital Appreciation Institutional Portfolio		162,493
	JPMorgan	JPMorgan Small Cap Equity Fund CLA GM		139,639
	Eaton Vance	Eaton Vance Worldwide Health Sciences Fund		108,239
	Massachusetts Financial Services	MFS Utilities Fund CL A		68,310
	Voya	Voya Real Estate Fund CL A		44,397
	Columbia	Columbia Small Cap Index FD A		20,820
	Eaton Vance	Eaton Vance Atlanta Cptl SMD		17,713
	First Eagle Funds	First Eagle Gold FD C A		10,184
	Van Eck	Van Eck Global Hard Asseets		6,749
	Hartford	Hartford Inflation Plus CL R4		328
	Victory	Victory Sycamore Small Company Opp A		39

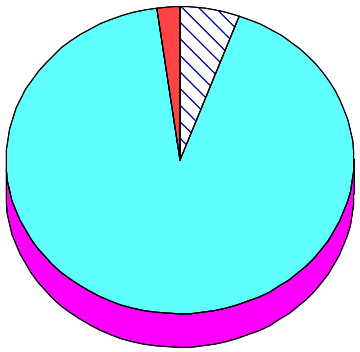
* Represents a party-in-interest.
** Cost information omitted for participant directed investments

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

SIX FINANCIAL INFORMATION USA
INC. EMPLOYEES 401K SAVINGS PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 5.56% COMMON / COLLECTIVE TRUSTS
- 2.13% LOANS
- 92.30% MUTUAL FUNDS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
WELLS FARGO STABLE VALUE CL L	10,851.1110	104.720	1,121,938.45	1,136,328.34	5.14%
WELLS FARGO STABLE VAL CL L GM	885.4476	104.720	92,018.82	92,724.07	0.42%
TOTAL COMMON / COLLECTIVE TRUSTS			1,213,957.27	1,229,052.41	5.56%
MUTUAL FUNDS					
LAZARD EMERGING MARKETS OPEN	32,160.7851	17.650	625,530.77	567,637.86	2.57%
LAZARD EMRGING MRKTS OPEN - GM	3,630.9749	17.650	69,941.27	64,086.71	0.29%
FIRST EAGLE GOLD FD C A	16,683.7427	14.160	283,809.70	236,241.80	1.07%
JANUS ENTERPRISE FD CL A	23,144.5071	85.290	1,973,995.02	1,973,995.01	8.93%
JANUS ENTERPRISE FD CL A GM	581.8824	85.290	49,628.82	49,628.75	0.22%
AMERICAN CAP WORLD GR & INC R3	19,648.9429	45.820	739,294.88	900,314.56	4.08%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

SIX FINANCIAL INFORMATION USA
INC. EMPLOYEES 401K SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESCO DIVERSIFIED DIV FD CLA	41,228.0478	18.300	678,466.13	754,473.27	3.41%
INVESCO DIVERSIFIED DIV A GM	23,649.5001	18.300	404,434.54	432,785.85	1.96%
MFS EMERGING MARKETS DBT CL A	4,482.0618	14.540	71,012.91	65,169.18	0.29%
AMERICAN GROWTH FD OF AMER R3	44,442.8171	42.020	1,581,297.66	1,867,487.17	8.45%
AMERICAN GRTH FD OF AMER R3 GM	10,296.2886	42.020	441,139.06	432,650.05	1.96%
NUVEEN TRADEWINDS VAL OPP FD A	34,279.0665	32.360	1,062,669.33	1,109,270.59	5.02%
NUVEEN TRADEWINDS VAL OPP GM	5,029.3034	32.360	188,194.38	162,748.26	0.74%
PRINCIPAL MIDCAP FUND A	32,298.7874	21.620	584,690.52	698,299.78	3.16%
PRINCIPAL MIDCAP FUND A GM	3,107.8474	21.620	61,320.57	67,191.66	0.30%
PIMCO INCOME FUND CL A	98,479.1200	12.330	1,211,911.03	1,214,247.55	5.50%
PIMCO INCOME FUND CL A GM	26,774.8023	12.330	332,753.82	330,133.31	1.49%
JPMORGAN U.S. SMALL FD CL A	5,452.4516	16.240	85,422.42	88,547.81	0.40%
JPMORGAN U.S. SMALL FD CL A GM	3,991.0518	16.240	60,038.84	64,814.68	0.29%
BLACKROCK STRATEGIC INC A GM	32,073.1353	10.110	330,963.28	324,259.40	1.47%
GOLDMAN SACHS ABSOLUTE CL A	9,750.9809	9.010	87,723.14	87,856.34	0.40%
BLACKROCK S&P 500 STOCK FUND I	12,223.6205	247.360	2,346,831.22	3,023,634.77	13.69%
BLACKROCK S&P 500 STOCK FUND I	1,429.8377	247.360	345,285.02	353,684.65	1.60%
EMERALD GROWTH FD CL INV	5,038.2636	18.980	98,085.08	95,626.24	0.43%
BLACKROCK TOTAL RETURN PORTFOL	27,000.1545	11.860	320,221.83	320,221.83	1.45%
BLACKROCK TOTAL RETURN PORT GM	25,740.4747	11.860	305,282.03	305,282.03	1.38%
BLACKROCK NAT RESOURCE A	2,045.0116	52.790	123,847.05	107,956.16	0.49%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

SIX FINANCIAL INFORMATION USA
INC. EMPLOYEES 401K SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
PIMCO REAL RETURN BD FD CL A	8,620.0874	10.920	103,319.96	94,131.35	0.43%
ALLIANCE BERNSTEIN GLOBAL REAL	18,470.5067	14.180	240,602.06	261,911.79	1.19%
GOLDMAN SACHS SMALL CAP VAL A	8,820.4417	52.320	461,485.50	461,485.51	2.09%
GOLDMAN SACHS SML CP VL A GM	51.5079	52.320	2,694.90	2,694.89	0.01%
OPPENHEIMER INTL SML COMPANY	3,387.9092	32.440	114,790.18	109,903.77	0.50%
MFS RESEARCH INTL FD CL A	64,736.9648	16.260	1,007,432.00	1,052,623.05	4.76%
MFS RESEARCH INTL FD CL A-GM	8,501.5753	16.260	145,425.26	138,235.61	0.63%
MFS TOTAL RETURN FUND	115,236.5741	18.190	1,824,181.51	2,096,153.28	9.49%
TEMPLETON GLOBAL BOND FD CL A	17,181.4555	12.460	229,663.28	214,080.94	0.97%
TEMPLETON GLOBAL BOND A GM	21,162.2882	12.460	282,857.32	263,682.11	1.19%
TOTAL MUTUAL FUNDS			18,876,242.29	20,393,147.57	92.30%
LOANS					
LOAN FUND	471,371.1500	1.000	471,371.15	471,371.15	2.13%
INVESTMENT TOTAL			20,561,570.71	22,093,571.13	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			0.02	0.02	0.00%
TOTAL ASSETS			20,561,570.73	22,093,571.15	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity