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), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KENNETH FOX SUPPLY COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/07/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
KENNETH FOX SUPPLY COMPANY

2200 FOX DRIVE
MCALLEN, TX 78504

2b Employer Identification Number (EIN) 74-1670882

2c Sponsor's telephone number 956-682-6176

2d Business code (see instructions) 326100

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.	06/13/2012	KEITH FOX
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
KENNETH FOX SUPPLY COMPANY

2200 FOX DRIVE
MCALLEN, TX 78504

3b Administrator's EIN
74-1670882

3c Administrator's telephone number
956-682-6176

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**	162
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	176
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	72
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
KENNETH FOX SUPPLY COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
KENNETH FOX SUPPLY COMPANY

D Employer Identification Number (EIN)
74-1670882

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-029088	72	09/01/2010	08/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3767	628

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VSR FINANCIAL SVCS OF TEXAS
COMMISSION DEPT 8620 W 110TH ST 20
OVERLAND PARK, KS 66210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3767			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOREN D STARK COMPANY INC
10750 ROCKLEY ROAD
HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	628	ADMINISTRATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1344326

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
KENNETH FOX SUPPLY COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KENNETH FOX SUPPLY COMPANY

D Employer Identification Number (EIN)
74-1670882

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: HARTFORD ADVANTAGE TK1

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	1293646

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K1

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	50680

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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
KENNETH FOX SUPPLY COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KENNETH FOX SUPPLY COMPANY

D Employer Identification Number (EIN)
74-1670882

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1023075	1344326
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1023075	1344326
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1023075	1344326

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	84612	
	(B) Participants	2a(1)(B)	159357	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		243969
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		116900
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		360869
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39368	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		39368
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	250	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39618
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		321251
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: LONG CHILTON LLP (2) EIN: 74-1154721

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

A Name of plan
KENNETH FOX SUPPLY COMPANY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KENNETH FOX SUPPLY COMPANY

D Employer Identification Number (EIN)
74-1670882

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): 06-0974148

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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

KENNETH FOX SUPPLY COMPANY
401(k) PROFIT SHARING PLAN

August 31, 2011 and 2010

KENNETH FOX SUPPLY COMPANY
401(k) PROFIT SHARING PLAN
August 31, 2011 and 2010

PLAN ADMINISTRATOR

Kenneth Fox Supply Company

TRUSTEES

L. Keith Fox
Aaron D. Fox

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CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS

LONG CHILTON, LLP

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS AND INDIVIDUALS

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American Institute of CPAs

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Kenneth Fox Supply Company 401(k) Profit Sharing Plan
McAllen, Texas

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of Kenneth Fox Supply Company 401(k) Profit Sharing Plan (the Plan) as of fiscal years ended August 31, 2011 and 2010, and the related statements of changes in net assets available for benefits (modified cash basis) for the fiscal years then ended, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) for the fiscal years then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D, which was certified by the Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the fiscal years ended August 31, 2011 and 2010, that the information provided to the Plan Administrator by the custodian is complete and accurate.

As described in Note B, these financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Long Chilton LLP

LONG CHILTON, LLP
Certified Public Accountants

McAllen, Texas
June 5, 2012

Kenneth Fox Supply Company
401(k) Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
Modified Cash Basis
August 31,

ASSETS	2011	2010
Investments		
Pooled Separate Accounts (Note D)	$ 1,344,326	$ 1,023,075
Total Assets	1,344,326	1,023,075
LIABILITIES		
	-	-
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,344,326	$ 1,023,075

The accompanying notes are an integral part of these financial statements.

Kenneth Fox Supply Company
401(k) Profit Sharing Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
Modified Cash Basis
For the Fiscal Years Ended August 31,

	2011	2010
Additions to net assets attributed to:		
Contributions from participants	$ 151,167	$ 116,107
Roth contributions from participants	8,190	7,988
Contributions from employers	84,612	74,342
Net appreciation (depreciation) in fair value of investments	116,900	49,659
Total additions	360,869	248,096
Deductions from net assets attributed to:		
Benefit payments	39,368	39,987
Corrective disbursements	-	7,006
Administrative expenses (Note G)	250	1,155
Total deductions	39,618	48,148
Net increase (decrease) in net assets	321,251	199,948
Net assets available for benefits		
Beginning of year	1,023,075	823,127
End of year	$ 1,344,326	$ 1,023,075

The accompanying notes are an integral part of these financial statements.

Kenneth Fox Supply Company
401(k) Profit Sharing Plan
NOTES TO FINANCIAL STATEMENTS
Fiscal Years Ended August 31, 2011 and 2010

NOTE A – DESCRIPTION OF PLAN

The following description of the Kenneth Fox Supply Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established for the benefit of the employees of the following companies:

Kenneth Fox Supply Company (Fox)
Fox Solutions, LLC

The original effective date of the Plan was September 1, 1997. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Amendments

Since the Plan's inception on September 1, 1997, the Plan has since been amended to comply with various applicable laws in accordance with ERISA, Department of Labor and the IRS. The following are the amendments that have since been enacted:

Effective April 28, 2010, the Plan was amended to include Fox Solutions, LLC as an affiliated employer adopting the Kenneth Fox Supply Company 401(k) Profit Sharing Plan.

On December 7, 2009, the Plan was amended to adopt the Pension Protection Act 2006 Amendment (PPA 2006). This law was created to help protect pension and retirement Plan participants and promote individual savings. The PPA 2006 amendment enables Fox to comply with various laws, including the PPA 2006, Heroes Earnings Assistance Relief Tax Act of 2008 (HEART Act), and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). The HEART Act provides additional tax and pension benefits to individuals who are absent from work when serving in the uniformed military service while the WRERA was designed to help alleviate the financial burden facing seniors who have seen their retirement savings shrink dramatically. WRERA provided provisions for the Required Minimum Distributions (RMDs) for 2009. This amendment provides that participants and beneficiaries may elect to receive or not to receive distributions which include 2009 RMDs. If a participant or beneficiary makes no election, then the Plan will discontinue making distributions that include 2009 RMDs. This provision provides relief to senior citizens by allowing them to continue to keep money in retirement accounts that they are typically required by law to withdraw once they reach age 70 ½.

Effective for Plan years beginning and after September 1, 2009, the Plan was amended to adopt the 401(k) Safe Harbor Provisions. Under this provision, the basic matching contribution will be made by Fox. Fox will make matching contributions to the account of each "eligible participant" in an amount equal to the sum of 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation.

NOTE A – DESCRIPTION OF PLAN (*Continued*)

3. Eligibility

Employees are eligible to begin participation in the Plan once they have reached the age of 21 and completed 90 days of service.

Employees' entry dates into the Plan will be the dates in which employees have satisfied eligibility requirements.

Employees are eligible for a discretionary matching profit sharing contribution determined by the employer each year once eligible for the Plan. To be eligible for the discretionary matching profit sharing contribution, employees must (1) be employed on the last day of the Plan year and (2) must have completed a year of service. A year of service is considered to be completed if at least 1,000 hours of service during the Plan year has been completed by the participant.

4. Contributions

Participants may contribute up to the maximum allowable limit of $16,500 in 2010 and 2011 ($22,000 allowed for Catch-Up contributions for those over 50 years old in 2010 and 2011) to the Plan. Employees in the Plan are allowed to contribute pre-tax 401(k) deferrals and/or Roth 401(k) deferrals. This contribution was credited to all participants actively employed for each pay period of the Plan year. Fox may elect to make a discretionary matching contribution of the participants' contributed compensation. The discretionary matching contribution for fiscal Plan year end August 31, 2010 that entered the fiscal Plan year August 31, 2011 amounted to $84,222. Employee contributions are invested according to employee apportionments.

The employer may also elect to make a discretionary matching profit sharing contribution determined by the employer each year to eligible participants as mentioned above. For fiscal year end August 31, 2011, Fox elected not to make a discretionary matching profit sharing contribution.

5. Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of employer match contributions, Plan earnings, and forfeitures of terminated participants' vested accounts and decreased by distributions, Plan decreases in investments, and charges of allocated administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

6. Forfeitures

Forfeiture accounts are used to reduce the required safe harbor employer matching contribution. The amount of the forfeiture used to reduce the safe harbor employer match contribution for fiscal Plan year end August 31, 2011 was $1,950. This reduced the safe harbor employer matching contribution entering the fiscal Plan year end August 31, 2012.

For fiscal Plan year end August 31, 2010, there was no forfeiture to reduce the safe harbor employer matching contribution entering the fiscal Plan year end August 31, 2011.

NOTE A – DESCRIPTION OF PLAN (*Continued*)

7. Investment Options

Upon enrollment into the Plan, participants may direct their salary deferral contributions to selected investments as made available and/or let the Third Party Administrator determine the contributions. These investment options are more fully described in the Plan's literature. Participants may change their investment options according to the salary deferral agreement set by the employer.

8. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant will become 100% vested in their account balance and will receive a lump-sum distribution or may elect to receive a delayed distribution. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan allows for hardship distributions not to exceed the amount of the immediate heavy financial need if the withdrawal request is for a purpose delineated in the Plan document. Hardship distributions can only be made from accounts which are 100% vested. The Plan document explains more detailed specifics on the payment of benefits. Benefits are recorded when notification is received from Plan Administrator as having been paid.

9. Vesting

Each participant is 100% vested in his or her voluntary contribution account plus actual earnings thereon. Employer matching contributions and profit sharing contributions are discretionary contributions and are vested according to the following schedule:

Vesting Schedule	
Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

10. Trustee Information

The Plan's Individual Trustees are L. Keith Fox and Aaron D. Fox.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements of the Plan are maintained on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

NOTE B – SUMMARY OF ACCOUNTING POLICIES (*Continued*)

2. Estimates

The preparation of financial statements in conformity with modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles, requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Many factors are considered in arriving at estimated fair market value. In a pooled separate account, units of participation or shares are used to distinguish one Plan's share of assets from the others. Shares of registered investment companies (Pooled Separate Accounts) are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the fund at year end. See Note C for discussion of fair value measurements.

4. Payment of Benefits

Benefits are recorded when notification is received from Plan Administrator as having been paid.

5. Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. In accordance with FASB ASC Topic 820, investments are required to be reported at fair value hierarchies that prioritize the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 Fair Value Measurements

Level 1 inputs refer to securities traded in an active market with inputs consisting of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 Fair Value Measurements

Level 2 inputs refer to securities not traded on an active market but for which observable market inputs are readily available (or Level 1 securities) where there is a contractual restriction. Such inputs include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted market prices that are observable for the asset or liability.

NOTE C – FAIR VALUE MEASUREMENTS (*Continued*)

Level 3 Fair Value Measurements

Level 3 inputs refer to securities not traded in an active market and for which no significant observable market inputs are available. Level 3 inputs have the lowest priority.

As required by FASB ASC Topic 820 and as determined by the custodian, The Hartford Life Insurance Company, the Plan's portfolio investments at fair values were classified as follows:

		Fair Value Measurements at Reporting Date Using:
August 31, 2011	Fair Value	Significant Other Observable Inputs (Level 2)
Pooled Separate Accounts	$ 1,344,326	$ 1,344,326
Total Assets at Fair Value	$ 1,344,326	$ 1,344,326

		Fair Value Measurements at Reporting Date Using:
August 31, 2010	Fair Value	Significant Other Observable Inputs (Level 2)
Pooled Separate Accounts	$ 1,023,075	$ 1,023,075
Total Assets at Fair Value	$ 1,023,075	$ 1,023,075

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEES (UNAUDITED)

The following tables present the fair value of the Plan's investments at August 31, 2011 and 2010 as certified by the custodian, The Hartford Life Insurance Company. See detailed listing on pages 13-14 of supplemental schedules to financial statements.

	August 31, 2011	2010
Hartford Life Insurance Company Investments		
Pooled Separate Accounts	$ 1,344,326	$ 1,023,075
Total Plan Assets	$ 1,344,326	$ 1,023,075

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEES (UNAUDITED) (*Continued*)

The fair values of investments that represent five percent or more of the Plan's net assets as of August 31, 2011 ($67,148) and 2010 ($51,154) are as follows:

	August 31, 2011		August 31, 2010
Pooled Separate Accounts in Hartford Life Insurance Company			
Templeton Foreign	$ 95,097		$ 80,274
Lord Abbett Mid Cap Value	140,232		105,584
SEI Stable Asset	172,220		166,075
Allianz OCC Target	92,512		63,284
Pimco Total Return	83,774		91,668
American Funds Amer Mutual	115,214		83,593
American Century SC Value	110,009		90,578
American Funds Growth Fund	112,581		85,714
LM Clearbridge SC Growth	68,292	*	-
Oppenheimer Gold & Spec Minerals	70,135	*	-
Total Investments Greater than 5% of Plan Assets	$1,060,067		$766,770

Note: The assets with an "*" symbol present assets that were greater than five percent in one audit year but less than this percentage in the other.

NOTE E – PLAN TERMINATION

Although they have not expressed any intent to do so, Fox has the right, under the Plan, to change, amend or discontinue the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, each participant's account will become fully vested and non-forfeitable.

NOTE F – RECONCILIATION OF DIFFERENCES BETWEEN THESE FINANCIAL STATEMENTS AND THE FINANCIAL INFORMATION REQUIRED ON FORM 5500

	August 31, 2011	August 31, 2010
Net assets available for benefits as presented in these financial statements	$1,344,326	$1,023,075
Net assets available for benefits as presented on Form 5500	$1,344,326	$1,023,075

	2011	2010
Net increase (decrease) in net assets available for benefits as presented in these financial statements	$ 321,251	$ 199,948
Adjustments of:		
Contributions from participants	(8,190)	(7,988)
Roth contributions from participants	8,190	7,988
Benefit payments	-	(7,006)
Corrective disbursements	-	7,006
Net increase (decrease) in net assets available for benefits as presented on Form 5500	$ 321,251	$ 199,948

NOTE G – TRANSACTIONS WITH PARTIES-IN-INTEREST

Fees paid by Fox, whose employees' are covered by the Plan, on behalf of the Plan for legal, accounting, and other services rendered to the Plan were based on customary and reasonable rates for such services. Fees paid by the Plan for the contract administrative services amounted to $250 and $1,155 for the fiscal years ended August 31, 2011 and 2010, respectively.

NOTE H – FEDERAL INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC) and, accordingly, the trust's net investment income is exempt from income taxes. The Plan obtained a favorable tax determination letter from the Internal Revenue Service dated March 31, 2008. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been made in the financial statements.

NOTE I – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE J – SUBSEQUENT EVENTS

The Safe Harbor Matching Contribution for fiscal Plan year end August 31, 2011 in the amount of $99,708 was made after the close of the fiscal Plan year end on November 28, 2011, and will be included in the August 31, 2012 Plan year due to the Plan operating on a modified cash basis.

Management evaluated subsequent events for potential disclosure in or adjustment to the Plan's financial statements through June 5, 2012, the date the financial statements were available to be issued. Based on such evaluation, no other events have occurred that, in the opinion of management, warrant recognition in the financial statements or disclosure in the notes to the financial statements as of August 31, 2011.

SUPPLEMENTAL SCHEDULES

EIN: 74-1670882 **PLAN NUMBER: 001**

Kenneth Fox Supply Company
401(k) Profit Sharing Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
August 31, 2011

Assets held for investment at August 31, 2011 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	Hartford Life Insurance Company	Templeton Foreign	$ 80,274	$ 95,097
*	Hartford Life Insurance Company	American Funds AM Balanced	37,463	49,642
*	Hartford Life Insurance Company	Lord Abbett Mid Cap Value	105,584	140,232
*	Hartford Life Insurance Company	SEI Stable Asset	166,075	172,220
*	Hartford Life Insurance Company	Franklin Templeton GR Target	37,840	52,811
*	Hartford Life Insurance Company	Allianz OCC Target	63,284	92,512
*	Hartford Life Insurance Company	Pimco Total Return	91,668	83,774
*	Hartford Life Insurance Company	American Funds Amer Mutual	83,593	115,214
*	Hartford Life Insurance Company	American Century SC Value	90,578	110,009
*	Hartford Life Insurance Company	American Funds Growth Fund	85,714	112,581
*	Hartford Life Insurance Company	Hartford High Yield HLS	50,961	50,680
*	Hartford Life Insurance Company	Legg Mason Partners SC Grwth	41,115	68,292
*	Hartford Life Insurance Company	Franklin Templeton Cons Target	14,985	20,716
*	Hartford Life Insurance Company	Franklin Templ Moderate Target	6,272	10,753
*	Hartford Life Insurance Company	Eaton Vance Dividend Builder	4,796	24,879
*	Hartford Life Insurance Company	Pioneer Emerging Markets	17,909	30,007
*	Hartford Life Insurance Company	Oppenheimer Gold & Spec Minerals	31,522	70,135
*	Hartford Life Insurance Company	Ivy Global Natural Resources	6,056	25,012
*	Hartford Life Insurance Company	Aim Real Estate	7,387	19,759
		Total Plan Assets	$1,023,075	$ 1,344,326

Note: A "*" symbol in column (a) indicates a party-in-interest.

EIN: 74-1670882 **PLAN NUMBER: 001**

Kenneth Fox Supply Company
401(k) Profit Sharing Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
August 31, 2010

Assets held for investment at August 31, 2010 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	Hartford Life Insurance Company	Templeton Foreign	$ 84,674	$ 80,274
*	Hartford Life Insurance Company	American Funds AM Balanced	30,437	37,463
*	Hartford Life Insurance Company	Lord Abbett Mid Cap Value	116,319	105,584
*	Hartford Life Insurance Company	SEI Stable Asset	120,573	166,075
*	Hartford Life Insurance Company	Franklin Templeton GR Target	36,054	37,840
*	Hartford Life Insurance Company	Allianz OCC Target	64,328	63,284
*	Hartford Life Insurance Company	Pimco Total Return	58,231	91,668
*	Hartford Life Insurance Company	American Funds Amer Mutual	84,562	83,593
*	Hartford Life Insurance Company	American Century SC Value	73,610	90,578
*	Hartford Life Insurance Company	American Funds Growth Fund	104,268	85,714
*	Hartford Life Insurance Company	Hartford High Yield HLS	23,732	50,961
*	Hartford Life Insurance Company	Legg Mason Partners SC Grwth	36,289	41,115
*	Hartford Life Insurance Company	Franklin Templeton Cons Target	13,444	14,985
*	Hartford Life Insurance Company	Franklin Templ Moderate Target	3,810	6,272
*	Hartford Life Insurance Company	Eaton Vance Dividend Builder	6,633	4,796
*	Hartford Life Insurance Company	Pioneer Emerging Markets	-	17,909
*	Hartford Life Insurance Company	Oppenheimer Gold & Spec Minerals	9,716	31,522
*	Hartford Life Insurance Company	Ivy Global Natural Resources	8,208	6,056
*	Hartford Life Insurance Company	Aim Real Estate	3,196	7,387
		Total Plan Assets	$ 878,085	$ 1,023,075

Note: A "*" symbol in column (a) indicates a party-in-interest.

Client # 4141
Kenneth Fox Supply Company
401(k) Profit Sharing Plan
PLAN # 001
EIN# 74 2874006

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
For Plan Year Ending August 31, 2011

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
*	Hartford	Templeton Foreign	Pooled Separate Accounts	80,273.93	95,097.27
*	Hartford	American Funds Growth Fund	Pooled Separate Accounts	85,713.98	112,580.56
*	Hartford	Lord Abbett Mid Cap Value	Pooled Separate Accounts	105,583.50	140,232.42
*	Hartford	SEI Stable Asset	Pooled Separate Accounts	166,075.48	172,220.30
*	Hartford	Franklin templeton Gr Target	Pooled Separate Accounts	37,840.43	52,810.95
*	Hartford	Allianz Occ Target	Pooled Separate Accounts	63,284.03	92,512.11
*	Hartford	American Funds Amer Mutual	Pooled Separate Accounts	83,593.05	115,214.02
*	Hartford	American Century SC Value	Pooled Separate Accounts	90,577.66	110,009.11
*	Hartford	Franklin Templeton Cons Target	Pooled Separate Accounts	14,985.01	20,716.30
*	Hartford	Franklin Templ Moderate Target	Pooled Separate Accounts	6,271.96	10,752.76
*	Hartford	AIM Real Estate	Pooled Separate Accounts	7,387.27	19,758.96
*	Hartford	Legg Mason Partners SC Growth	Pooled Separate Accounts	41,114.79	68,291.65
*	Hartford	Hartford High Yield HLS	Pooled Separate Accounts	50,960.52	50,680.47
*	Hartford	American Funds Am Balanced	Pooled Separate Accounts	37,462.61	49,641.72
*	Hartford	Pimco Total Return	Pooled Separate Accounts	91,667.98	83,774.38
*	Hartford	Eaton Vance Dividend Builder	Pooled Separate Accounts	4,795.60	24,878.87
*	Hartford	Pioneer Emerging Markets	Pooled Separate Accounts	17,909.44	30,007.32
*	Hartford	Oppenheimer Gold & Spec Minerals	Pooled Separate Accounts	31,521.72	70,134.91
*	Hartford	Ivy Global Natural Resources	Pooled Separate Accounts	6,055.96	25,012.19
TOTAL				**$1,023,074.92**	**$1,344,326.27**

Form 6500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2010 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Kenneth Fox Supply Company
401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/07/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
Kenneth Fox Supply Company

2200 Fox Drive

McAllen TX 78504

2b Employer Identification Number (EIN) 74-1670882

2c Sponsor's telephone number (956) 682-6176

2d Business code (see instructions) 326100

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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 6/13/12	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2010) v.092307.1

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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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**	162
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	176
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	72
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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		**b General Schedules**		
(1)	[X] **R** (Retirement Plan Information)	(1)	[X]	**H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ]	**I** (Financial Information – Small Plan)
		(3)	[X] 1	**A** (Insurance Information)
		(4)	[ ]	**C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[X]	**D** (DFE/Participating Plan Information)
		(6)	[ ]	**G** (Financial Transaction Schedules)

Kenneth Fox Supply Company
401(k) Profit Sharing Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: Kenneth Fox Supply Company

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Company. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed Form 5500 and this signed **Authorization**.

The plan sponsor authorizes Loren D. Stark Company to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The individual signature on the 5500 Form will not be posted on the DOL Website. In its place will be the statement "Filed with authorized/valid electronic signature" or "Filed with incorrect/unrecognized electronic signature" on the signature lines.

The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: _____

Print Name: LL Fox

Date: 6/13/12

Client: 4141

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