## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 10/01/201	_	and ending	09/30/	2011 				
A	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan			
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 m	onths)					
C	Check box if filing under:	automatio	extension		DFVC progra	am			
	special extension (enter description	on)							
Pa	rt II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
COO	NS SUPPLY 401(K) PLAN				plan number	001			
				10	(PN) Effective date o	f plan			
				10	10/01/2	•			
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identi				
COO	NS SUPPLY, INC.				(EIN) 16-127				
P.O.	BOX 456. ROUTE 352			2c	Plan sponsor's t	telephone number 2-8484			
	FLATS, NY 14814-0456			2d	Business code (				
					423300	)			
	Plan administrator's name and address (if same as Plan sponsor, e NS SUPPLY, INC. P.O. BOX 45	enter "Same	e") 352	3b	Administrator's				
	BIG FLATS,			30		telephone number			
					607-56	2-8484			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					EIN 16-187	4860			
	name, EIN, and the plan number from the last return/report. SponsonSSSUPPLY, INC.	or's name		40	<b>4c</b> PN 001				
	Total number of participants at the beginning of the plan year			_		15			
b	Total number of participants at the end of the plan year			. 5b		14			
С	Total number of participants with account balances as of the end o			35					
	complete this item)		•	. 5c		8			
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of					X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•		•••••	☐ 1c3 ☐ 140			
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	22850	)1	•	205290			
b	Total plan liabilities	7b		0		109			
С	Net plan assets (subtract line 7b from line 7a)	. 7с	22850	)1		205181			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Γotal			
а	Contributions received or receivable from:	0=(4)	1073	36					
	(1) Employers	8a(1)	1485	55					
	(2) Participants		1100	0					
h	(3) Others (including rollovers)  Other income (loss)	` '	-560						
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					19988			
c d	Benefits paid (including direct rollovers and insurance premiums	. 80							
•	to provide benefits)	8d	4282	28					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	48	30					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				43308			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-23320			
i	Transfers to (from) the plan (see instructions)	. Qi		0					

	F	Form 5500-SF 2010 Page <b>2-</b>			_						
Par	t IV	Plan Characteristics									
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan									
art	: <b>V</b>	Compliance Questions									
0		ng the plan year:			Yes	No		Am	ount		
а	Was	there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions repone 10a.)		0b		X					
С	Was	s the plan covered by a fidelity bond?	10	0с	Χ					250	00
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by the shonesty?		0d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie rance service or other organization that provides some or all of the benefits under the plan? (Se uctions.)	e	0e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	1	0f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	0g	X						0
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10	0h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	1	0i							
art	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar					•		Yes	X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or	sec	ction 3	302 of I	ERISA?		Yes	X	No
	If a w	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.	Month								
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Г	40h					
		r the minimum required contribution for this plan year				12b 12c	<del>                                     </del>				
		r the amount contributed by the employer to the plan for this plan year									
u		tive amount)			<u>L</u>	12d	<u> </u>		r	_	
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	Ш	No	N/A	Α
art	VII	Plan Terminations and Transfers of Assets									
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?							Yes	X	No
_		es," enter the amount of any plan assets that reverted to the employer this year				13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br e PBGC?	-		the co	ntrol		Γ	Yes	X	10

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

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/02/2012	STEVEN J. COONS
HERE	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

## Form 5500-SF

Department of the Treasury Internet Revenue Service

# Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

OMB Nos. 1210-0110 1210-0089

_	playes Benefit Security Administration		This Form is Open to Public inspection					
		)-SF.	, , ,					
<u>∵P</u> e	Annual Report Ide	ntification information Dan year beginning 10/01/2010		and and an	9/90/20	<b>01</b> 1		
	calandar plan year 2010 or fiscal r							
	ins ratementable to to to the total	景	•	mployer plan (not multiemployer)	L	one-participar	n pien	
B		<u></u>	Anal return	• • •				
	Ţ			year refundreport (loss than 12 mor	1818) -	<b>-1</b> .		
Ç	Check box if filing under:	Form 655A U	automalic	extension	Į.	DFVC progra	<b>11</b>	
	······································	special extension (enter description					· · · ·	
		ation—enter all requested informa	llon	<del></del>	46	<u> </u>		
	Name of plan					Three-ofigil plan number		
ÇDQ	NS SUPPLY 401(K) PLAN					(PN) >	001	
					10 i	Effective date of		
				<u></u>	A1 .	10/01/20	· · · · · · · · · · · · · · · · · · ·	
	Pian sponsor's name and address NS SUPPLY, INC.	s (employer, if for single-employer :	plan)			Employer identif (EIN) 16-1274		
COU	MO SUPPLIFING.					F-1841	nedrous anortgeld	
	BOX 456, ROUTE 362					607-562		
BIG	LATS NY 14814-0456				2d (	Business code (6 429300	(anolloudan) ee	
3a	Plan administrator's name and ad	idroes (il como as Plan sponsor, ar	rier"Same	· · · · · · · · · · · · · · · · · · ·	3b	Administrator's E	an	
SĂM				'		16-1274		
					3G /	Administrator's to 607-562	elephone number 2.8484	
<u> </u>	The name and/or FIN of the nign	sponsor has changed since the las	t coturnico	ont filed for this plan, enter the	4b		<del></del>	
1	rame, EIN, and the plan number f	rom the lest return/report. Sponsor	s name	The state of the s			- IV-=IV-='V	
	NS BUPPLY, INC.		N	140-110-11-1	4c	by Ant	15	
	• •	- · ·		***************************************	5a_	<del>                                     </del>	14	
þ					5b	<del> </del>		
C	Total number of participants with complete this item)	account balances as of the end of	ine bian A	est (deinteg beneur blaus do vor	5c	1	8	
6a	120			(See Instarctions.)		4611-100-1-1-1-1-1	X Yes No	
b	Are you daining a walver of the	s to hoger bag notice/maxe laurans	ın indopar	dani qualified public accountant (IQI	PA)		Yes ∏ No	
				ONS.)		110001(41045-241-24-	D tes 17 140	
TP <sub>a</sub>	rt III } Financial Informat		יינון סטטעי	3F and must instead use Form 56	Ju.		THE PARTY NAMED IN COLUMN	
عنت 7	Plan Assels and Liabilities	1411		(a) Beginning of Year	T_	(b) End	of Year	
-		eritalilismanimus mammanimus assitanses. H	78	228501	1	205		
		)	7b	0			108	
	• •	from line 7e)	7a	228501		-	205181	
8	Income, Expenses, and Transfer	-		(a) Amount	1	(b) T	otal	
21	Contributions received or receive	ible from:		10736			•	
	,, , ,	F1847   F1 128434   F1 115   1222   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224	8n(1)_	14895	_l`			
	• •		Oñ(2)	11444	1```	and the		
t.		***************************************	8a(3)	-5603	_վ։ ՝		$a_{k} = a_{k}^{2} a_{k}^{2}$	
	` .		8b	, , , , , , , , , , , , , , , , , , , ,	<del>' ' ' ' '</del>	1 1	19980	
c d	Behalits paid (including direct rol	6(2), 84(3), and 8b)	ec e	· · · · · · · · · · · · · · · · · · ·		****		
u		satistiskitsamanamanana-a-tanion IOACIO OITA MIRKIKIIAE Moninkui	8:1	42028	4		5 - S	
0	Cortain deemed and/or correctly	e distributions (see instructions)	80	0			• •	
f	Administrative service providers	(saļades, iees, commissions)	18	480		٠.		
Ø	Other exponses	\$\$\$\$\$1343\$	8g		<u></u>			
h	Total expenses (add lines 8d, 8e	, 81, and 8g)	8h		<del>-</del> }		43306	
-		ih from lina 8c)	81		<u> </u>		-23320	
<u>_j</u>		Instructions),	0]	(	<u> </u>		EALM PERA COT INSERT	
For	Paperwork Reduction Act Notice and O	ME Control Numbers, see the instruction	ns for Form	9999-SF.			Form 6600-SF (2010)	

Page 2-1
he List of Plan Characteristic Codes in the instructions:
on 4 led at Olean Observatorially Ondon in the Instructions

	IV Plan Characteristics										
9a (I the plan provides pension benefits, anier the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 5D											
þ	if the plan provides welfare benefits, enter the applicable welfare fea	Rure codes from the	List of Plan Characte	ilslic Co	des in 1	lhe instruct	lons:				
Part	V Compilance Questions										
10	During the plan year:			Yes	No		Amour	ıt			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2810.3-1027 (See instructions and DOL's Voluntary Fiductions.)	an)	8	х							
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			х							
C	Was the plan covered by a fidelity bond?		<u></u>	c X				25000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?	***************************************		d	x		·	-			
9	Were any fact or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefils under the	es8) Ynsig <del>s</del>	8	х						
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		ır 📗	х		_				
<b>8</b>	Old the plan have any participant loans? (If "Yes," enter amount as o	of year end.},.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gX	]			0			
h	If this is an individual account plan, was there a blackout period? (Se 2620-101-3.)			h	х						
i	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			)]							
Part	VI. Pension Funding Compliance				_						
11	ts lhis a defined benefil plan subject to minimum funding requiremen 5500))						Пγ	as 🔀 No			
12	is this a defined contribution plan subject to the minimum funding re						] Y	es 🗵 No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab										
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.										
LF y	ou completed line 12s, complete lines 3, 9, and 10 of Schedule h										
b											
C	Enter the amount contributed by the employer to the plan for this plan				120						
d	Subtract the amount in line 120 from the amount in line 12b, Enter th negative amount)				12d						
	Will the minimum funding amount reported on line 12d be met by the	?enlibseb galbaul		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	qa	Yes	No	N/A			
Part							- Pro-	154			
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	<b>13</b>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			] Y	es 🕅 No			
<del></del>	If "Yes," anier the amount of any plan assets that reverted to the emp				13n						
_	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	Ababs Jhadhar labbung day phahaa pinya		- 1 - 1 - 1 - 1 - 1 - 1 - 1	******		Y	es 🛭 No			
	If during this plan year, any assels or liabilities were transferred from <u>which assets or liabilities were transferred. (See instructions.)</u>	Hinis pian to another	pian(s), idenity ine p	vian(8) iç			<del>,                                     </del>				
	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) (			(3) PN(a)				
			}								
Caul	on: A penalty for the late or incomplete filling of this return/repor	t will be assessed (	oldenosem seelnu	auso is	ostabl	lahed.	-				
Unde SB o	r penallias of parjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled actuary, as well a It is true, correct, and complete.	declare that I have	viruler sidt banlmaxe	report, is	icluding	g, if applica	ible, a S knowled	ige and			
Ėt/=	STEVEN J. CO					OONS					
	IERE Signature of plan administrator Data Enter name of I					individua) signing as plan administrator					
,			,								
SIG											

Form 5500-\$F 2010