Form 5500-SF

Department of the Treasury Internal 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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information**

ΓUI	calendar plan year 2011 or	liscal plan year beginning 10/01/201	<u> </u>	and ending (19/30/2	012	
Α	This return/report is for:	X a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan	
В	This return/report is:	the first return/report	the final ret	urn/report			
		an amended return/report	a short plan	year return/report (less than 12 me	onths)		
С	Check box if filing under:	Form 5558	automatic e	extension		DFVC program	
		special extension (enter description	on)				
Pa	art II Basic Plan Inf	ormation—enter all requested inform	ation				
	Name of plan				1b	Three-digit	
000	NS SUPPLY 401(K) PLAN					plan number (PN) • 001	
						Effective date of plan	_
						10/01/2004	
2a	Plan sponsor's name and a DNS SUPPLY, INC.	address; include room or suite number (e	mployer, if fo	or a single-employer plan)		Employer Identification Number (EIN) 16-1274860	
2.0	BOX 456, ROUTE 352				2c	Sponsor's telephone number 607-562-8484	
	FLATS, NY 14814-0456				2d	Business code (see instructions) 423300	
	Plan administrator's name and NS SUPPLY, INC.	and address (if same as plan sponsor, et P.O. BOX 450	6, ROUTE 3	52	3b	Administrator's EIN 16-1274860	
		BIG FLATS, N	NY 14814-04	456	3с	Administrator's telephone numbe 607-562-8484	r
4		he plan sponsor has changed since the I umber from the last return/report.	ast return/re	port filed for this plan, enter the	4b	EIN	
а	Sponsor's name	umber from the last return/report.			4c	PN	
_	•	ts at the beginning of the plan year			5a	T	1
b	Total number of participant	ts at the end of the plan year			5b		1:
	Number of participants with	n account balances as of the end of the p	olan year (de	efined benefit plans do not	5c		
6a	Were all of the plan's asse	ets during the plan year invested in eligib	le assets? (\$	See instructions.)		X Yes N	۷o
b		of the annual examination and report of				 ✓ vaa □ N	
		6? (See instructions on waiver eligibility a either 6a or 6b, the plan cannot use Fo				X Yes [] N	VО
Pa	rt III Financial Info		<u> </u>	and must mistead use i orm 55			_
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а			7a	205290		268531	
b	Total plan liabilities		. 7b	109		0	
С	Net plan assets (subtract li	ne 7b from line 7a)	7c	205181		268531	
8	Income, Expenses, and Tr	ansfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or r		- 40	9490			
	`, ',			12625			
	• •			0	_		
h	.,	/ers)		53226			
C		(1), 8a(2), 8a(3), and 8b)		00220		75341	_
d	Benefits paid (including dir	ect rollovers and insurance premiums		11501			
е	'	rrective distributions (see instructions)		0			
f		viders (salaries, fees, commissions)		490			
g	Other expenses		. 8g	0			
h	•	8d, 8e, 8f, and 8g)				11991	
i		t line 8h from line 8c)				63350	_
j	Transfers to (from) the plan	n (see instructions)	8j	0			
		nd OMB Control Numbers, see the instructions for				Form 5500-SF (20°	

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X			-	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	Χ					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art '	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
-								
b	Enter the minimum required contribution for this plan year		[12b				
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year			12b 12c				
c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a						
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Yes		No [N/A
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Yes			
c d e	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
c d e	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	of a		12c 12d				
c d e art '	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d		No	No [] N/A
c d e art ' 3a b	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d		No] N/A
c d e art ' 3a b	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Yes X	No	No [N/A
c d e art ' 3a b	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Yes X	No	No [N/A
c d e e art '3a b c	Enter the amount contributed by the employer to the plan for this plan year	of a	33a the co	12c 12d	Yes X	No	No [N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/25/2013	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

Ospartment of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Nag	Service Amount Service		organice w	ing the lusurctions to the Folm 25	VU-51.	
Fo	r cəlendar plan year 2011 or fisc	dentification information cal plan year beginning 10/01/2	2011	and ending	09/30/	77 C 4 3
		a single-employer plan	_			F
_	and the state of t	the first return/report	=	le-employer plan (not multiemployer return/report)	a one-participant plan
	ing returnshott is:	an amended return/report	5 	•		
n	Check box if filing under:	Form 5558	P	lan year return/report (less than 12 i	nonins,	
u	Cueck dox it ming filldet:	<u></u>		ic extension		☐ DFVC program
ter:	WILL Rapie Plan Infor	special extension (enter descripmation—enter all requested info		-0.		
1a	Name of plan	macon-enter all requested intol	mation	**************************************	1h	Three-digit
	ONS SUPPLY 401(K) PLAN				'''	plan number
	• • • • • • • • • • • • • • • • • • • •					(PN) • 001
		***************************************			10	Effective date of plan 10/01/2004
CO	Plan sponsor's name and addr DNS SUPPLY, INC.	ess; include room or suite number	(employer,	if for a single-employer plan)	2b	Employer Identification Number
		•				(EIN) 18-1274860
٦.	DOV 470 DOLLTE A-A				2¢	Sponsor's telephone number 607-562-8484
	BOX 456, ROUTE 352 FLATS NY 14814-0456				2d	Business code (see instructions)
						423300
BE NAS	Plan administrator's name and	address (if same as plan sponsor,	enter "Sam	e")	3b	Administrator's EIN
OMI	(C				3c	Administrator's telephone number
4	If the name and/or EIN of the p	lan sponsor has changed since the	e last return	report filed for this plan, enter the	4b	EIN
a	name, EIN, and the plan numb Sponsor's name	er from the last return/report.				M
5a	······································	the heginning of the plan year		** \$555144#################################	4c	7.~~
d				***************************************		15
¢	Number of participants with ac	count balances as of the end of the	olan vear	ton ob analy tilened benileb		15
- Fa	Mere of of the plants accorded	resista the atmosphere incombat he allow	<u> </u>		5c	7
b	Are you claiming a waiver of the	e annual examination and report or	f an Indenei	(See instructions.)ndent qualified public accountant (IC	PAI	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condit	ions.)		X Yes [] No
1117	If you answered "No" to eith	or 6a or 6b, the plan cannot use i	Form 5500	SF and must instead use Form 5	00.	
7	Plan Assels and Liabilities	1(1(1))			T	
a		79		(a) Beginning of Year 20529	,	(b) End of Year 268531
b		// / / / / / / / / / / / / / / / / / /	7b	100		100003
C		b from line 7a)	<u> </u>	20518		268531
8	Income, Expenses, and Transf		34474	(a) Amount		(b) Total
а	Contributions received or received (1) Employers	vable from:		9490	,	
		***************************************	, , , , , , , , , , , , , , , ,	12628		
	(3) Others (including rollovers)	***********************************	8a(3)	(
b	Other income (loss)	, en fi » én en e ; say hafe e « en e » » en en en en e « e « e » » » » e » e « e « e « e » e »	8b	53226		
Ġ		Ba(2), 8a(3), and 8b)	8c		11.0 11.0	75341
đ	to provide benefits)	ollovers and insurance premiums		11501		
6		ve distributions (see instructions)				
f		s (salaries, fees, commissions)		490	一间取的影	
g		***************************************		C	P.P.2766	
h		e, 8f, and 8g)	VIV.			11091
i i		8h from line 8c)e instructions)			GAMIP CAMIP	63350
For P		8 Gontrol Numbers, see the Instructions to		<u> </u>	E	Form \$500,8F (2011)

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	Plan Characteristics									
	9a 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	Land of the control o									
Par	Y Compliance Questions					***************************************			***	
10	During the plan year:		A		Yes	No		Amou	nt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	lary Correction Prog	jram)	10a		×				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	sactions reported	10b		х		- Annual Charles	· · · · · · · · · · · · · · · · · · ·		
C	Was the plan covered by a fidelity bond?	\$112417851##kl#######h	10c	Х			iiiii	25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's floor dishonesty?	****************	*******	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons by an insu	irance carrier, he nian2 (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	?	*****************	101		×	Hampiorinali, Portiron			
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year end.)	******************	10g		×				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and	29 CFR	10h		х				
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-:	required notice or o	ne of the	101						
	YI Pension Funding Compliance					***************************************		on, meneral pre	32.593.000.001.000	
11	is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see in	structions and com	plete !	Schedi	ule SB	(Form	Пү	'es 🛛 No	
12	is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or se	otion 3	02 of l	RISA?		es X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	Mont	tions,	and er	nter the Day_	e date of t	he leitei Year	ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l	MB (Form 5500), ar	id skip to line 13.							
	Enter the minimum required contribution for this plan year					12b				
C	Enter the amount contributed by the employer to the plan for this pla	n year	***********************	•••••	<u> </u>	12c			·····	
	Subtract the amount in line 12c from the amount in line 12b. Enter th negalive amount)	****************			,,	12d				
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	***********************				Yes	No	N/A	
	Plan Terminations and Transfers of Assets									
138	Has a resolution to terminate the plan been adopted in any plan year?	**********************	************************			Y	es XN	ō		
	If "Yes," enter the amount of any plan assets that reverted to the emp									
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	*****************	*****************************	*****		itroi 		[] Y	es 🛛 No	
	which assets or liabilities were transferred. (See instructions.)	dus han to snower	plan(s), identity th	e pian				-1	4.16. 3.1.1.1	
					1300	2) EIN	1(8)	130	(3) PN(s)	
								-		
autic	n: A penalty for the late or Incomplete filing of this return/report	t will be assessed	uniess reasonable	e caus	ie is e	stabli	hed.			
	penalties of perjury 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, yid complete.	declare that I have as the electronic ven	examined this return/n	n/repo eport,	ort, incl and to	luding the bo	if applica st of my l	ble, a \$ knowled	chedule ge and	
MGN	8/10-	3/22/13	STEVEN J. COC	NS		***************************************	1100			
	Signature of plan administrator	Date .	Enter name of inc	-	il siani	UU 90	nlan admi	nietrotos		
HON.					n oly(ili	ny 03	Auni Raliji	i nau a (U)		
12.444	Signature of employer/plan sponsor	Date	Enter name of inc	lívidua	t signi	ng as	employer	or plan :	sponsor	