Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COBLESKILL STONE PRODUCTS, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1983

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

COBLESKILL STONE PRODUCTS, INC

PO BOX 220
112 ROCK ROAD
COBLESKILL, NY 12043

2b Employer Identification Number (EIN)
14-1646795

2c Sponsor's telephone number
518-234-0221

2d Business code (see instructions)
237310

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.	07/24/2013	CRAIG L WATSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	151
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**	132
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	11
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	143
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	87
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COBLESKILL STONE PRODUCTS, INC 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
COBLESKILL STONE PRODUCTS, INC

D Employer Identification Number (EIN)
14-1646795

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 99 60 50 64	RECORD KEEPER	3835	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COBLESKILL STONE PRODUCTS, INC 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
COBLESKILL STONE PRODUCTS, INC

D Employer Identification Number (EIN)
14-1646795

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)	1183	
(2) Participant contributions	1b(2)	1262	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	844474	846714
(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)		
(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)	2899196	3407642
(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	3746115	4254356
	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	3746115	4254356

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)	75089	
	(B) Participants	2a(1)(B)	88266	
	(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)		163355
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28	
	(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)		28
	(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)	13912	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13912
	(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
	(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		411556
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		588851
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76775	
(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)		76775
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)	3835	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3835
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		80610
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		508241
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: CUSACK & COMPANY CPA'S LLC **(2)** EIN: 14-1800427

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
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)

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COBLESKILL STONE PRODUCTS, INC 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
COBLESKILL STONE PRODUCTS, INC

D Employer Identification Number (EIN)
14-1646795

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): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AND
NEW YORK STATE SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
Cobleskill Stone Products, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cobleskill Stone Products, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of America, N.A. and Ascensus (as agent for Frontier Trust Company), the co-trustees 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 co-trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the co-trustees as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the co-trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of the Schedule of Reportable Transactions and the Schedule of Assets Held at End of Year, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to, and we do not express an opinion, on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the co-trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cusack & Company, CPA's LLC

CUSACK & COMPANY, CPA'S LLC

Latham, New York
July 10, 2013

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: COBLESKILL STONE PRODUCTS, INC. 401(K) PSP

Plan Number: 060082

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
RRTDX	T. Rowe Price Ret 2040 R	12 dollars per fund position
JIGRX	Janus Overseas Fund S	12 dollars per fund position
LIGRX	Loomis Sayles Invmt Grade Bond A	12 dollars per fund position
CGRNX	Oppenheimer Value Fund N	12 dollars per fund position
OGINX	Oppenheimer Global Opportunities Fund N	12 dollars per fund position
RIDCX	American Funds IncomeOf AmericaR3	12 dollars per fund position
JARTX	Janus Forty Fund S	12 dollars per fund position
RRTCX	T. Rowe Price Ret 2030 R	12 dollars per fund position
BF1000320	GENERAL TRUST FUND	N/A
RRTIX	T. Rowe Price Ret Income R	12 dollars per fund position
BMCIX	BlackRock U.S. Opp Port Instl	12 dollars per fund position
CSVFX	Columbia Global Div Opportunity Fund Z	12 dollars per fund position
NAMAX	Columbia Mid Cap Value Z	12 dollars per fund position
NMYAX	Columbia Marsico 21st Century Z	12 dollars per fund position
MLIKX	Retirement Reserves(7dayYield:0.0%)	6 dollars per fund position
RRTBX	T. Rowe Price Ret 2020 R	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description - Additional Fee Notes

Plan Name: COBLESKILL STONE PRODUCTS, INC. 401(K) PSP

Plan Number: 060082

Broker Dealer: Merrill Lynch

Merrill Lynch

Effective January, 1, 2012, for the funds for which Ascensus receives a per-position dollar amount from Merrill Lynch, Ascensus will receive an additional payment from Merrill Lynch in the amount of 0.035% of average plan assets in the investment.

COBLESKILL STONE PRODUCTS, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL REPORT

DECEMBER 31, 2012 AND 2011

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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 co-trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



CUSACK & COMPANY, CPA'S LLC

Latham, New York
July 10, 2013

	2012	**2011**
Investments, at fair value:		
Cash management assets	$ 1,013,339	$ 930,428
Fixed income funds	859,271	864,568
Equity funds	2,379,599	1,956,693
Total investments at fair value	4,252,209	3,751,689
Accrued investment income receivable	2,148	1,607
Net assets available for benefits	$ 4,254,357	$ 3,753,296

Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 206,431
Dividends and interest	113,038
Net realized gains	117,222
Contributions:	
Employer	76,272
Employee	89,528
Total additions	602,491
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	77,985
Fees	23,445
Total deductions	101,430
Net increase in net assets available for benefits	501,061
Net assets available for benefits:	
Beginning of year	3,753,296
End of year	$ 4,254,357

1. DESCRIPTION OF PLAN

The following description of the Cobleskill Stone Products, Inc. (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Company who have completed one year of service (must have completed 1,000 hours of service) and are age 18 or older as of plan entry dates. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company must make a safe harbor matching contribution equal to 100% of participant salary deferrals that do not exceed 4% of participant compensation. Additional contributions to the Plan by the Company are discretionary. Employee contributions must not exceed the limits set by law with catch-up contributions applicable to participants age 50 or older.

Participant Accounts

Each participant's account is credited with the participant's contributions and the participant's allocable share, if any, of (a) the Company's discretionary contribution and (b) Plan earnings and losses. Forfeitures of the non-vested portion of terminated participants' accounts are placed in a separate account within the Plan and are used for the payment of administrative expenses. Annual allocations of the Company discretionary contributions are based upon a formula which takes into account the participant's compensation. Monthly allocations of earnings and losses are based upon a formula which takes into account the participant's current individual plan balances. The benefit to which a participant is entitled is equal to the vested portion of the participant's accounts.

Vesting

Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after 6 years of credited service for the original profit sharing plan. A participant is 100% vested under the 401(k) profit sharing plan.

Payment of Benefits

The co-trustees shall make or begin distribution of the benefits payable on a participant's (a) retirement date, (b) sustaining total and permanent disability, (c) death or (d) termination of service with the Company. The distribution will be based upon the balance in the participant's account as of the evaluation date immediately preceding the date of the distribution. Benefits are recorded when paid.

1. DESCRIPTION OF PLAN (CONTINUED)

Administrative Costs

Certain costs of administering the Plan are paid by the employer through a separate account within the Plan which contains accumulated participant forfeitures and other fees throughout the year.

Forfeiture account, beginning of year	$ 22,095
Participant balances forfeited	3,046
Administrative costs	(3,500)
Investment income and gains	7,268
Forfeiture account, end of year	$ 28,909

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the modified cash basis of accounting.

Estimates

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

Investment Valuation and Income Recognition

Investments are presented at fair value. Investments are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

Interest and Dividend Income and Net Unrealized Appreciation (Depreciation)

Interest income is recorded on the accrual basis. Realized gains or losses and the unrealized appreciation (depreciation) on investments are reflected as a component of investment income. Allocations of investment earnings and losses to individual participant accounts are based upon the investment performance for each individual investment of that participant. There is no sharing of investment performance with other participants within the Plan.

Fair Value

For assets and liabilities measured at fair value on a recurring basis, the Accounting Standards Codification requires expanded disclosures about fair value measurements and establishes a three-level hierarchy for fair value measurements based on the observable inputs to the valuation of an asset or liability at the measurement date. Fair value is defined as the price that the Plan would receive upon selling an asset or pay to transfer a liability in an orderly transaction between market participants. It prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The Plan has investments which are measured at fair value utilizing a Level 1 measurement on a recurring basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

Management has evaluated subsequent events or transactions as to any potential material impact occurring through July 10, 2013, the date the financial statements were available to be issued. No such events or transactions were identified.

3. INVESTMENTS

The Plan's investments at December 31, 2012 and 2011 are presented at fair value. Fair values are determined using quoted prices in active markets for identical securities (Level 1 measurement).

Investments are comprised of the following at December 31, 2012 and 2011:

	2012			2011		
	Unit Shares	Cost	Fair Value	Unit Shares	Cost	Fair Value
Cash Management Assets	-	$ 1,013,339	$ 1,013,339	-	$ 930,428	$ 930,428
Fixed Income Funds	72,411	835,440	859,271	92,049	896,048	864,568
Equity Funds	108,995	2,135,731	2,379,599	112,250	1,863,944	1,956,693
		3,984,510	4,252,209		3,690,420	3,751,689
Accrued Investment Income		2,148	2,148		1,607	1,607
Total Investments		$ 3,986,658	$ 4,254,357		$ 3,692,027	$ 3,753,296

Unrealized and realized gains (losses) consist of the following as of and for the years ended December 31, 2012 and 2011:

	2012		2011	
	Unrealized Gains	Realized Gains (Losses)	Unrealized Losses	Realized Gains
Fixed Income Funds	$ 55,311	$ (6,997)	$ (71,484)	$ 4,574
Equity Funds	151,120	124,219	(365,155)	186,727
	$ 206,431	$ 117,222	$ (436,639)	$ 191,301

3. INVESTMENTS (CONTINUED)

Individual investments at December 31, 2012 and 2011 that represent five percent or more of net assets available for benefits are as follows:

	2012		2011	
	Units Shares	Total	Units Shares	Total
Fixed Income Funds:				
MFS Research Bond Fund	23,563	$ 262,019	-	$ -
Metro West T/R Bond Class I	24,093	262,373	-	-
PIMCO Total Return Fund	-	-	56,134	610,179
PIMCO Commodity Real Return	-	-	29,202	190,980
Other (Less than 5%)	-	334,879		63,409
		$ 859,271		$ 864,568
Equity Funds:				
Vanguard MSCI Emerging Markets	4,930	$ 219,533	-	$ -
Columbia Select Large Cap Growth Fund	-	-	23,061	277,199
Eaton Vance Large Cap Value Fund	-	-	16,438	282,247
Lazard Emerging Markets	-	-	13,691	230,003
Other (Less than 5%)		2,160,066		1,167,244
		$ 2,379,599		$ 1,956,693

4. TAX STATUS

The Plan obtained its latest determination letter on December 3, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan's 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.

5. 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.

6. CO-TRUSTEE CERTIFICATION

Bank of America, N.A. and Ascensus (as agent for Frontier Trust Company) hold the Plan assets under trust agreements.

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the co-trustees of the Plan as of December 31, 2012 and 2011:

6. CO-TRUSTEE CERTIFICATION (CONTINUED)

		2012	2011
Cash Management Assets:			
Retirement Reserves		$ 864,714	$ 844,474
Bank of America Cash Reserves		166,625	85,954
		1,013,339	930,428
Fixed Income Funds:			
MFS Research Bond Fund	23,563 units	262,019	-
Metro West T/R Bond Class I	24,093 units	262,373	-
PIMCO High Yield Fund	10,565 units	101,852	-
SPDR Barclays High Yield Bond	2,495 units	101,573	-
Artio Global High Income Fund	5,114 units	-	47,563
PIMCO Total Return Fund	11,695/56,134 units	131,454	610,179
PIMCO Commodity Real Return	29,202 units	-	190,980
PIMCO Emerging Markets Currency Fund	1,599 units	-	15,846
		859,271	864,568
Equity Funds:			
Vanguard MSCI EAFE	1,340 units	47,208	-
Vanguard MSCI Emerging Markets	4,930 units	219,533	-
Vanguard REIT	370 units	24,346	-
Artisian International Fund	2,863 units	70,389	-
Artisian International Value Fund	2,370 units	71,995	-
MFS Value Fund Class I	6,110 units	155,571	-
Prudential Jennison Mid Cap Growth Fund Class Z	2,127 units	68,947	-
Ridgeworth Mid Cap Value Equity Fund Class I	6,618 units	77,757	-
TCW Select Equities Fund Class I	7,755 units	156,799	-
Victory Small Co Opportunity Fund Class I	1,313 units	42,599	-
Powershares DB Community Index Tracking Fund	5,600 units	155,568	-
Ishares Core S&P Mid Cap Fund	600 units	61,020	-
Ishares Russell 2000 Index Fund	675 units	56,914	-
Columbia Acorn USA Fund Class Z	1,437 units	42,324	-
Columbia Acorn Fund Class Z	4,215 units	-	116,167
Columbia Dividend Income Fund Class Z	10,122 units	149,293	-
Columbia Acorn International Fund Class Z	738 units	-	25,315
Natixis Real Estate Fund	1,512 units	-	25,841
Harbor International Fund	1,184 units	-	62,052
Columbia Small Cap Value I Fund Class Z	2,008 units	-	82,675
Columbia Select Large Cap Growth Fund Class Z	11,389/23,061 units	157,847	277,199
Eaton Vance Large Cap Value Fund	16,438 units	-	282,247
Invesco International Growth Fund Class Y	2,585 units	-	65,486
Eagle Small Cap Growth Fund Class I	2,383 units	-	91,044
John Hancock Funds III Disciplined Value Mid Cap Fund	10,242 units	-	115,628
Lazard Emerging Markets Equity Portfolio Fund	13,691 units	-	230,003

6. CO-TRUSTEE CERTIFICATION (CONTINUED)

		2012	2011
Equity Funds (Continued):			
American Funds Income Fund of America	1,588/1,285 units	$ 28,600	$ 21,470
Blackrock U.S. Opportunities	607/393 units	21,863	13,158
Columbia Marsico 21st Century Fund Class Z	924/728 units	12,617	8,861
Columbia Strategic Investors Fund	3,523 units	-	61,085
Columbia Mid Cap Value Fund Class Z	1,218/689 units	18,051	8,820
Columbia Global Div Opportunity Fund Class Z	4,655 units	86,259	-
Loomis Sayles Investor Grade Bond Fund	5,729/4,493 units	72,311	53,646
Oppenheimer Global Opps Fund	1,258/1,125 units	35,854	29,410
Oppenheimer Value Fund	1,328/1,049 units	30,020	21,161
T Rowe Price Retirement Income Fund	3,777/3,096 units	52,659	40,060
T Rowe Price Retirement 2020 Fund	8,247/6,621 units	145,565	104,019
T Rowe Price Retirement 2030 Fund	4,752/3,712 units	88,880	60,705
T Rowe Price Retirement 2040 Fund	6,017/4,880 units	113,614	80,038
Janus Forty Fund	987/787 units	37,470	24,220
Janus Overseas Fund	2,284/1,802 units	77,726	56,383
		2,379,599	1,956,693
Total Investments at Fair Value		4,252,209	3,751,689
Accrued Investment Income		2,148	1,607
Total Assets		$ 4,254,357	$ 3,753,296

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

SUPPLEMENTAL INFORMATION

5% Report by Assets - Aggregate
(Completed on a December 31, 2011 Value of $3,753,296)

Asset Description	Transaction Type	Settle Date	Shares/ Units	Purchase Cost or Sale Proceeds
Bank of America Cash Reserves	Sale	01/03/12	43,649.610	$ 43,649.61
	Sale	01/04/12	9,626.240	9,626.24
	Sale	01/10/12	207.300	207.30
	Purchase	01/12/12	276.980	276.98
	Purchase	01/13/12	73.960	73.96
	Purchase	01/24/12	138.440	138.44
	Sale	01/30/12	69.222	69.22
	Purchase	02/01/12	213,039.940	213,039.94
	Purchase	02/10/12	286.690	286.69
	Purchase	02/13/12	75.290	75.29
	Sale	02/21/12	3,302.200	3,302.20
	Sale	02/24/12	663.820	663.82
	Purchase	03/01/12	2,807.310	2,807.31
	Purchase	03/12/12	230.230	230.23
	Purchase	03/13/12	1,079.420	1,079.42
	Sale	03/16/12	875.000	875.00
	Sale	03/22/12	3,207.860	3,207.86
	Purchase	03/23/12	1,251.750	1,251.75
	Purchase	03/26/12	51.030	51.03
	Purchase	04/02/12	12,649.180	12,649.18
	Purchase	04/11/12	249.730	249.73
	Purchase	04/12/12	101.430	101.43
	Purchase	05/01/12	3,146.950	3,146.95
	Purchase	05/10/12	225.870	225.87
	Purchase	05/11/12	100.630	100.63
	Sale	05/29/12	875.000	875.00
	Purchase	06/01/12	3,209.950	3,209.95
	Purchase	06/12/12	221.680	221.68
	Purchase	06/13/12	1,666.730	1,666.73
	Purchase	06/22/12	878.900	878.90
	Purchase	06/25/12	71.150	71.15
	Sale	06/29/12	1,895.100	1,895.10
	Purchase	07/02/12	1,697.580	1,698.58
	Purchase	07/03/12	2,762.020	2,762.02
	Sale	07/05/12	1,381.010	1,381.01
	Purchase	07/11/12	516,360.480	516,360.48
	Purchase	07/12/12	207.080	207.08
	Sale	07/13/12	615,536.250	615,536.25
	Purchase	08/01/12	1,525.620	1,525.62
	Purchase	08/09/12	572.910	572.91
	Purchase	08/10/12	201.010	201.01
	Purchase	08/13/12	112.540	112.54

5% Report by Assets - Aggregate (Continued)
(Completed on a December 31, 2011 Value of $3,753,296)

Asset Description	Transaction Type	Settle Date	Shares/ Units	Purchase Cost or Sale Proceeds
Bank of America Cash Reserves (Continued)	Sale	08/23/12	2,247.030	2,247.03
	Sale	08/28/12	1,660.020	1,660.02
	Purchase	09/04/12	2,074.030	2,074.03
	Sale	09/07/12	26,869.550	26,869.55
	Purchase	09/12/12	555.750	555.75
	Purchase	09/13/12	193.590	193.59
	Sale	09/14/12	14,132.250	14,132.25
	Sale	09/24/12	2,563.860	2,563.86
	Purchase	09/26/12	1,603.580	1,603.58
	Purchase	09/28/12	3,957.030	3,957.03
	Purchase	10/01/12	1,751.220	1,751.22
	Purchase	10/02/12	691.660	691.66
	Sale	10/05/12	243.690	243.69
	Purchase	10/09/12	553.540	553.54
	Purchase	10/11/12	187.420	187.42
	Sale	10/12/12	3,528.530	3,528.53
	Purchase	10/17/12	121.740	121.74
	Sale	10/29/12	875.000	875.00
	Purchase	11/01/12	15.070	15.07
	Purchase	11/02/12	2,481.010	2,481.01
	Purchase	11/09/12	560.680	560.68
	Purchase	11/14/12	195.250	195.25
	Purchase	11/15/12	121.960	121.96
	Purchase	12/03/12	2,460.210	2,460.21
	Purchase	12/07/12	3,496.200	3,496.20
	Purchase	12/11/12	555.330	555.33
	Purchase	12/12/12	2,333.220	2,333.22
	Purchase	12/13/12	3,261.570	3,261.57
	Purchase	12/14/12	2,131.600	2,131.60
	Purchase	12/17/12	5,293.250	5,293.25
	Purchase	12/19/12	1,001.530	1,001.53
	Purchase	12/20/12	1,820.290	1,820.29
	Purchase	12/21/12	894.780	894.78
	Purchase	12/26/12	841.560	841.56
	Purchase	12/27/12	2,682.140	2,682.14
	Purchase	12/28/12	1,820.090	1,820.09
	Purchase	12/31/12	5,150.940	5,150.94
Aggregate Total				$ 1,547,487.26

5% Report by Assets - Aggregate (Continued)
(Completed on a December 31, 2011 Value of $3,753,296)

Asset Description	Transaction Type	Settle Date	Shares/ Units	Purchase Cost or Sale Proceeds
Eaton Vance Large-Cap Value Fund CL I	Sale	07/11/12	16,152.569	293,169.13
MFS Research BD Fund CL I	Purchase	07/11/12	23,562.935	258,485.40
Vanguard MSCI Emerging Markets ETF	Purchase	07/13/12	4,930.000	193,798.30

Cash Management Assets:		
Retirement Reserves		$ 864,714
Bank of America Cash Reserves		166,625
		1,013,339
Fixed Income Funds:		
MFS Research Bond Fund	23,563 units	262,019
Metro West T/R Bond Class I	24,093 units	262,373
PIMCO High Yield Fund	10,565 units	101,852
SPDR Barclays High Yield Bond	2,495 units	101,573
PIMCO Total Return Fund	11,695 units	131,454
		859,271
Equity Funds:		
Vanguard MSCI EAFE	1,340 units	47,208
Vanguard MSCI Emerging Markets	4,930 units	219,533
Vanguard REIT	370 units	24,346
Artisan International Fund	2,863 units	70,389
Artisian International Value Fund	2,370 units	71,995
MFS Value Fund Class I	6,110 units	155,571
Prudential Jennison Mid Cap Growth Fund Class Z	2,127 units	68,947
Ridgeworth Mid Cap Value Equity Fund Class I	6,618 units	77,757
TCW Select Equities Fund Class I	7,755 units	156,799
Victory Small Co Opportunity Fund Class I	1,313 units	42,599
Powershares DB Commodity Index Tracking Fund	5,600 units	155,568
Ishares Core S&P Mid Cap	600 units	61,020
Ishares Rusesell 2000 Index Fund	675 units	56,914
Columbia USA Acorn Fund Class Z	1,437 units	42,324
Columbia Dividend Income Fund Class Z	10,122 units	149,293
Columbia Select Large Cap Growth Fund Class Z	11,389 units	157,847
American Funds Income Fund of America	1,588 units	28,600
Blackrock U.S. Opportunities	607 units	21,863
Columbia Marsico 21st Century Fund Class Z	924 units	12,617
Columbia Mid Cap Value Fund Class Z	1,218 units	18,051
Columbia Global Div Opportunity Fund Class Z	4,655 units	86,259
Loomis Sayles Investor Grade Bond Fund	5,729 units	72,311
Oppenheimer Global Opps Fund	1,258 units	35,854
Oppenheimer Value Fund	1,328 units	30,020
T. Rowe Price Retirement Income Fund	3,777 units	52,659
T. Rowe Price Retirement 2020 Fund	8,247 units	145,565
T. Rowe Price Retirement 2030 Fund	4,752 units	88,880
T. Rowe Price Retirement 2040 Fund	6,017 units	113,614
Janus Forty Fund	987 units	37,470
Janus Overseas Fund	2,284 units	77,726
		2,379,599
Total Investments at Fair Value		4,252,209
Accrued Investment Income Receivable		2,148
Total Assets		$ 4,254,357

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name COBLESKILL STONE PRODUCTS, INC 401(K) PROFIT SHARING PLAN **EIN:** 14-1646795
Plan Sponsor's Name COBLESKILL STONE PRODUCTS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Columbia	Columbia Mid Cap Value Z	0	18,051
	American Funds	American Funds IncomeOf AmericaR3	0	28,600
	Blackrock	BlackRock U.S. Opp Port Instl	0	21,863
	Columbia	Columbia Marsico 21st Century Z	0	12,617
	Columbia	Columbia Global Div Opportunity Fund Z	0	86,259
	Loomis Sayles	Loomis Sayles Invmt Grade Bond A	0	72,311
	Oppenheimer	Oppenheimer Global Opportunities Fund N	0	35,854

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name COBLESKILL STONE PRODUCTS, INC 401(K) PROFIT SHARING PLAN **EIN:** 14-1646795
Plan Sponsor's Name COBLESKILL STONE PRODUCTS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Value Fund N	0	30,020
	T. Rowe Price	T. Rowe Price Ret Income R	0	52,659
	T. Rowe Price	T. Rowe Price Ret 2020 R	0	145,565
	T. Rowe Price	T. Rowe Price Ret 2030 R	0	88,880
	T. Rowe Price	T. Rowe Price Ret 2040 R	0	113,614
	Janus	Janus Forty Fund S	0	37,470
	Janus	Janus Overseas Fund S	0	77,726

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name COBLESKILL STONE PRODUCTS, INC 401(K) PROFIT SHARING PLAN **EIN:** 14-1646795
Plan Sponsor's Name COBLESKILL STONE PRODUCTS, INC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Merrill Lynch	Retirement Reserves(7dayYield:0.0%)	0	846,714
	General Trust	GENERAL TRUST FUND	0	2,586,153