## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries if		ce with the mstru	Chons to the Form 550	<del>ло-ог.</del>					
	art I		Identification Information									
For	calenda	ar plan year 2012 or fis		7/01/2012		and ending	06/30/	2013 				
A	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							oant plan				
В	This ret	urn/report is:	the first return/report	the	final return/report							
			an amended return/report	a s	nort plan year retur	n/report (less than 12 m	nonths	)				
C	Check b	oox if filing under:	X Form 5558	au	tomatic extension			DFVC progra	ım			
			special extension (enter de	escription)								
Pa	art II	Basic Plan Info	rmation—enter all requested	d informatio	n							
	Name	•					1b	Three-digit				
GORDON J. PHILLIPS, INC. PROFIT SHARING PLAN AND TRUST								plan number	001			
							10	(PN) Fffective data a				
							<b>1c</b> Effective date of plan 12/01/1977					
2a	Plan sp	oonsor's name and add	dress; include room or suite nu	ımber (empl	oyer, if for a single	-employer plan)	2b	Employer Identi				
GOR	DON J.	PHILLIPS, INC.						(EIN) 16-10	37887			
							2c	Sponsor's telephone number				
		AVENUE						585-62				
RUC	HESTE	R, NY 14612					2d	Business code (				
20	Diamag	dantatatan kanda na ana ana an	. d . dd	NI	. По	. O A d du	26	23731				
			nd address Same as Plan Sp			n Sponsor Address	Ju	Administrator's 16-10	EIN 137887			
UKD	ON J. P	HILLIPS, INC.		EACH AVEN ESTER, NY			3с	Administrator's	telephone number			
								585-621	1-5734			
							ļ					
4			e plan sponsor has changed sir mber from the last return/report		return/report filed f	or this plan, enter the	4b EIN					
а		or's name	noor nom the last return/report	•			4c	PN				
5a	Total r	number of participants	at the beginning of the plan year	ar			5a					
b	Total r	number of participants	at the end of the plan year				5b		11			
С			account balances as of the end	•	• •	•	5c		10			
6a	•	•	s during the plan year invested				1		X Yes No			
b			the annual examination and re									
	under	29 CFR 2520.104-46?	? (See instructions on waiver el	ligibility and	conditions.)				X Yes No			
	If you	answered "No" to ei	ther line 6a or line 6b, the pla	an cannot ι	ise Form 5500-SF	and must instead use	Form	5500.				
			or incomplete filing of this re	•								
		, , ,	her penalties set forth in the ins nd signed by an enrolled actuar	,				O, 11	,			
		rue, correct, and comp		iy, as well a	s the electronic ver	ision of this return/repor	i, anu	to the best of my	knowledge and			
		Et al order and a standard	Control of a character of an action		00/04/0044							
SIG			valid electronic signature.		03/21/2014	BRIAN C. PHILLIPS						
		Signature of plan ac	dministrator		Date	Enter name of individ	e of individual signing as plan administrator					
SIG												
HERE		Signature of employ		- 111	Date	Enter name of individual signing as employer or plan sp						
Pre	parer's i	name (including firm n	ame, if applicable) and address	s; include ro	om or suite numbe	er (optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2012 Page **2** 

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year						
	Total plan assets	` ' -	1728504			1456996					
	Total plan liabilities	7a 7b									
	·	t plan assets (subtract line 7b from line 7a)						14	15699	6	
	Income, Expenses, and Transfers for this Plan Year						(b)	Total			
	Contributions received or receivable from:		(a) runount				(10)	Total			
	(1) Employers	8a(1)	223	4							
	(2) Participants	) Participants									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	22324	14							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	231898	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	50340	16							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							50340	6	
	Net income (loss) (subtract line 8h from line 8c)	8i						-	27150	8	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 3E 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
Don	V Commission of Occasions										
Part	•				V	NI-					
10	During the plan year:	4:		1	Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					30000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
	· · · · · · · · · · · · · · · · · · ·			10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X					
h	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							10			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date d	f the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			-		Ī				
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page <b>3</b> - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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 07/01/2012		and ending 0	06/30/2013					
A This return/report is for:	a one-pa	articipant plan						
<b>B</b> This return/report is:	e final return/report							
an amended return/report as	short plan year return	report (less than 12 mo	onths)					
C Check box if filing under:	itomatic extension		DFVC program					
special extension (enter description)								
Part II Basic Plan Information—enter all requested information	on							
1a Name of plan			1b Three-digit	ı				
GORDON J. PHILLIPS, INC. PROFIT SHARING PLAN AND TRUST		plan numbe (PN) ▶	er   001					
			1c Effective da	ate of plan				
				/01/1977				
<b>2a</b> Plan sponsor's name and address; include room or suite number (emp GORDON J. PHILLIPS, INC.	oloyer, if for a single-e	employer plan)	<b>2b</b> Employer Identification Number (EIN) 16-1037887					
			2c Sponsor's	telephone number				
670 BEACH AVENUE				5) 621-5734 ode (see instructions)				
ROCHESTER, NY 14612			23	7310				
3a Plan administrator's name and address Same as Plan Sponsor Nam		Sponsor Address	<b>3b</b> Administrat	or's EIN -1037887				
GORDON J. PHILLIPS, INC. 670 BEACH AV	ENUE		3c Administrat	or's telephone number				
ROCHESTER, I	NY 14612		,					
			***************************************					
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name			<b>4c</b> PN					
5a Total number of participants at the beginning of the plan year			5a	. 11				
<b>b</b> Total number of participants at the end of the plan year			5b	. 11				
C Number of participants with account balances as of the end of the pla			36					
complete this item)			5c	10				
6a Were all of the plan's assets during the plan year invested in eligible				X Yes No				
b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No				
If you answered "No" to either line 6a or line 6b, the plan cannot				···				
Caution: A penalty for the late or incomplete filing of this return/repor	t will be assessed u	ınless reasonable cau	use is establishe	d.				
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well	declare that I have eas the electronic vers	examined this return/report	port, including, if a	pplicable, a Schedule				
belief, it is true, correct, and complete.	, 1	•		, ,				
SIGN X NAME PALLES	X3/19/14	Brian C. Phillips						
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 individ	lual signing as em	ployer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include to	oom or suite number			none number (optional)				

Pai	t III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year				
		otal plan assets				1456996		
	Total plan liabilities							
	Net plan assets (subtract line 7b from line 7a)	7c	1728504	4		1456996		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		<b>A</b>					
	(1) Employers	8a(1)	2234	14				
	(2) Participants	8a(2)	642	0				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				34	231898	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	503406	3				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
<u>g</u>	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					503406	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i				ante de ser	-271508	
_ <u>j</u>	Transfers to (from) the plan (see instructions)	· 8j						
	rt IV Plan Characteristics		· 4					
9a	If the plan provides pension benefits, enter the applicable pension 2E 3E 2G 2J 2K	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan Chara-	cteristi	ic Cod	es in th	ne instructions:	
Part V Compliance Questions								
10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х		
t	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х		
	Was the plan covered by a fidelity bond?			10c	х		300000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		Х		
	• Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her persor of the ben	ns by an insurance carrier, efits under the plan? (See	10e		х		
_		· · · · · · · · · · · · · · · · · · ·	<del> </del>	10f		Х		
	0.000			10g				
	n If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10g		X		
i	2520.101-3.)	the require	ed notice or one of the	10ii				
D <sub>2</sub> :	t VI Pension Funding Compliance	J I -U		1 101	L	L		
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If	"Yes," see instructions and con	nplete	Sched	dule SE	G (Form Yes X No	
11	5500) and line 11a below)							
12				e or se	ection		ERISA? Yes No	
		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti	zed in this plan year, see instru	ctions	, and e	enter th	ne date of the letter ruling Year	
	if you completed line 12a, complete lines 3, 9, and 10 of Schedu							
	b Enter the minimum required contribution for this plan year				[	12b		

	Form 5500-SF 2012 Page 3 - 1						
	Enter the amount contributed by the employer to the plan for this plan year	12c	T				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ш	Yes		No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	; X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)						4, 4 4
		13c(2)	EIN(	s)		13c(3	PN(s)
Parl	VIII Trust Information (optional)						
14a Name of trust							