## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	<u> </u>		Complete all entries in	accordance with the instru	ictions to the Form 550	10-SF.			
Par			entification Information						
For ca	llendar plan year	2012 or fiscal	, , , , , , , , , , , , , , , , , , , ,	01/2012	and ending (	09/30/2	2013		
<b>A</b> Th	is return/report is	for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan	
<b>B</b> Th	is return/report is	:	the first return/report	the final return/report	:				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Ch	neck box if filing u	ınder: X	Form 5558	automatic extension			DFVC progra	ım	
			special extension (enter de	scription)					
Part	II Basic P	lan Inform	ation—enter all requested	information					
<b>1a</b> N	ame of plan					1b	Three-digit		
COONS	SUPPLY 401(K	) PLAN					plan number		
							(PN) <b>•</b>	001	
						1C	1c Effective date of plan 10/01/2004		
<b>2a</b> P	lan sponsor's nar	ne and addre	ss; include room or suite nun	nber (employer, if for a single	e-employer plan)	2b	Employer Identif		
	S SUPPLY, INC.		•	( ) /	, , , ,			74860	
						2c	hone number		
P.O. B0	OX 456, ROUTE	352					607-562	2-8484	
BIG FL	ATS, NY 14814-0	)456				2d		see instructions)	
						L.	42330		
<b>3a</b> ₽	lan administrator	s name and a	iddress XSame as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN	
						3c	Administrator's t	telephone number	
			an sponsor has changed since	e the last return/report filed	for this plan, enter the	4b	EIN		
	name, EIN, and th ponsor's name	ie plan numbe	er from the last return/report.			4c	DNI		
		articinante at t	he beginning of the plan yea	r		5a	FIN	16	
	•		the end of the plan year						
			ount balances as of the end			5b		13	
			ount balances as of the end (	' ' '	•	5с		7	
6a \	Nere all of the pla	an's assets du	ring the plan year invested ir	n eligible assets? (See instru	ctions.)			X Yes No	
	•		annual examination and rep	• .	•				
			ee instructions on waiver eliq					X Yes   No	
ŀ	f you answered	"No" to eithe	r line 6a or line 6b, the plan	n cannot use Form 5500-SF	and must instead use	Form	5500.		
			ncomplete filing of this retu						
			penalties set forth in the instr signed by an enrolled actuary						
	it is true, correct			, as well as the electronic ve	rsion of this return/repor	t, and	to the best of my	knowledge and	
,		•			1				
SIGN		Filed with authorized/valid electronic signature. 06/26/2014 STEVEN		STEVEN J. COONS	OONS				
HERE	Signature	of plan adm	inistrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator	
SIGN									
HERE	Signature	of employer	/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor	
Prepa			e, if applicable) and address;	include room or suite numb				number (optional)	
i e									

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	rt III   Financial Information		T								
7	Plan Assets and Liabilities		(a) Beginning of Yea		-	(b) End of Year					
	Total plan assets	7a	26853				314233				
	Total plan liabilities	7b		0		0					
	Net plan assets (subtract line 7b from line 7a)	7c	26853	81	-				31423	33	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total				
а	Contributions received or receivable from:  (1) Employers	8a(1)	783	6							
	(2) Participants										
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	4196	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						_	5937	"2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1320	00					000.	_	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	47	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1367	70	
i	Net income (loss) (subtract line 8h from line 8c)	8i							4570	02	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	T	Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b		? (Do not	include transactions reported	10b		X					
	Was the plan covered by a fidelity bond?			10c	X		1			2	E000
	Did the plan have a loss, whether or not reimbursed by the plan's			100							5000
	or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h		(See instr	uctions and 29 CFR	10g		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	he require	d notice or one of the	10i							
Part	i i i i i i i i i i i i i i i i i i i										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u> </u>	Yes	s X	No
11:										- '	
12		nter the amount from Schedule SB line 39									
								110			
a	(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 50			
	Enter the minimum required contribution for this plan year	•				12b					

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	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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Informal 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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

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St X Co.	Annual Panar	Identification Information	rdance with the Instru	ctions to the Form 55	900-SF,	······································			
Fo	r calendar plan year 2012 or fi	scal plan year beginning 10/01/20	112	and ending	09/30/2013				
_	This return/report is for:	X a single-employer plan		lan (not multiemployer)		articinant plan			
	This return/report is:	the first return/report	the final return/report	an (an amempayer	ot multiemployer)				
-	iins istuinispoit is.	· •	<b>=</b>						
^	Mb - I b tê Mil	an amended return/report	a short plan year retur	rivreport (less than 12 r	-	, · · · · · · · · · · · · · · · · · · ·			
Ų	Check box if filing under:	X Form 5558	automatic extension		[] DFVC	program			
999707S	SERVICE SERVIC	special extension (enter descript							
		rmation—enter all requested inform	nation		T 23				
	Name of plan		en de la companya de La companya de la co		1b Three-dig				
G00	ns Supply 401(k) Plan				(PN)	001			
					1c Effective	tate of plan			
						0/01/2004			
Coo	Plan sponsor's name and ad- ns Supply, Inc.	dress; include room or suite number (	employer, if for a single	employer plan)	2b Employer	Identification Number			
~~~	na Supply, ma.					6-1274860			
						telephone number			
P.O.	. Box 456, Route 352					7) 562-8484			
Ria I	Flats, NY 14814-0456					ode (see instructions) 23300			
		nd address X Same as Plan Sponsor	Name   Same as Plar	n Sponsor Address	3b Administra	lors FIN			
		•			3c Administra	tor's telephone number			
					· ·				
4	If the name and/or EIN of the	plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN				
	name, EIN, and the plan nun	nber from the last return/report.		Francisco Arte	177 60117				
-	Sponsor's name				4c PN				
58		at the beginning of the plan year				16			
þ		at the end of the plan year			· 5b	13			
C	Number of participants with a complete this item.	scount balances as of the end of the	plan year (defined bene	fit plans do not	5c	7			
6a		during the plan year invested in eligit				X Yes No			
	Are you claiming a waiver of	the annual examination and report of	an independent qualifie	d public accountant (IC	immenium. SPA)	<u>Di 100   100</u>			
	under 29 CFR 2520.104-46?	' (See instructions on waiver eligibility	and conditions.)	*************************		🛛 Yes 🗌 No			
	If you answered "No" to el	<u>ther line 6a or line 6b, the plan can</u>	not use Form 5500-SF	and must instead use	Form 6500.				
		or incomplete filing of this return/re							
SB	er penanies of penury and oth or Schedule MB completed an	ner penalties set forth in the instruction id signed by an enrolled actuary, as w	15, I declare that I have i	examined this return/re	port, including, if a	pplicable, a Schedule			
beli	ef, it is true, correct, and comp	lete.	A A A A A A A A A A A A A A A A A A A	oon or the islandicput	t, and to the best t	n my micalicalic and			
(i <sub>f</sub> f		_	1 6 /02/11	Steven J. Coons					
)   	X / (B)		6/24/7	<del> </del>					
	Signature of plan at	<u>iministrator</u>	Date	Enter name of individ	lual signing as pla	n administrator			
	Signature of employ	/er/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor			
Fiel	parer's name (including firm na	ame, if applicable) and address; includ	de room or suite number	(optional)	Preparer's telep	hone number (optional)			
			•						
		7 · ·		•	<b>FORDAMEN</b>	Ber Francisco			
					Transfer to the day				
7	Concerned Bodystian Astalian		***************************************		THE TAX SECTION OF THE PARTY OF				

Partil Financial Information										
7_	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a	Total plan assets	7a	268531			314233				
b	Total plan liabilities	7b	O			0				
C	Net plan assets (subtract line 7b from line 7a)	7c	2685	31			314233			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)				ğı (*)				
<u>b</u>	Other income (loss)	8b	4196	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		101		***************************************	59372			
ď	Benefits paid (including direct rollovers and insurance premiums									
***************************************	to provide benefits)	8d	1320	0						
6	Certain deemed and/or corrective distributions (see instructions)			0						
	Administrative service providers (salaries, fees, commissions)	8f	47	<del></del>						
	Other expenses	8g.		Ó	100		nedit ins			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					13670			
	Net income (loss) (subtract line 8h from line 8c)	8i					45702			
N 9.4853	Transfers to (from) the plan (see instructions)	8j		0						
	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plan Char	aoteri	stio Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eture code	se from the Liet of Dian Chara	otorial	in Cod	en ie i	ha lanta rationar			
	The print provides trained activities with the applicable trailers to	alain oval	os nominio mai oi rigit citata	C(O) IO	10 000	100 111	ne mendonone:			
	Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	ions within	the time period described in	10a		х	***************************************			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not i	nclude transactions reported	10b		X	- MAN No. of the left of the l			
C				10c	х	***********	D 25.66			
d		lidelity bon	d, that was caused by fraud	10d	^	x	25000			
8	Were any fees or commissions paid to any brokers, agents, or other		- 402	170						
	insurance service or other organization that provides some or all o	f the bene	fits under the plan? (See							
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan		~~~~~	10f		X	At As a Marriage Commence of the Commence of t			
9	Did the plan have any participant loans? (If "Yes." enter amount as			10g		X				
h 	2520.101-3.)	************	************************	10h		х				
l managas	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required -3	notice or one of the	101						
59.2.3.3	Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	(Form Yes X No			
11a	Enter the amount from Schedule SB line 39.	***********	49889748884488977778898687788888774888877788		1	11a				
12	Is this a defined contribution plan subject to the minimum funding r			OF 85	ction 3	02 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	a 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 letter ruling granting the waiver.									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	444					A CONTRACTOR OF THE CONTRACTOR			
b Enter the minimum required contribution for this plan year										

~	Form 5600-SF 2012	Page 3 - 1	TT-11-T-1-T-1-T-1-T-1-T-1-T-1-T-1-T-1-T		
G	Enter the amount contributed by the employer to the plan for this pla	an year	12¢	1	
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter à minus sign to the left of	8 424		
6	Will the minimum funding amount reported on line 12d be met by the			Yes	No □ N/A
	Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		Yes X N	3
	If "Yes," enter the amount of any plan assets that reverted to the em				
b	Were all the plan assets distributed to participants or beneficiaries, to fithe PBGC?	transferred to another plan, or brought un	der the control		Yes X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)			***************************************	
1	3c(1) Name of plan(s):		13c(2) E	IN(8)	13c(3) PN(s)
Same and			in Various and Constitution and Constitu	·	
	Trust Information (optional)				
14a :	lame of trust		<b>14b</b> ⊤	rust's EIN	
			1		