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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

For calcedor plan year 2016 or fiscal plan year beginning 1001/2014 and ending 1800/2015 A This return/eport is	Parti		identification information							
A This return/report is for: a one-participant plan	For calenda	ar plan year 2014 or fi	scal plan year beginning 10/01/20	1 <u>4</u>	and ending 06/	30/2015				
B This return/report is	A This ret	is return/report is for: of participating employer information in accordance with the form instructions)								
C Check box if filling under: From 5558 automatic extension DFVC program DFVC pro				H						
C Check box if filing under:	B This retu	urn/report is	the first return/report	the final return/report						
Part II Sasic Plan Information			an amended return/report	X a short plan year return	n/report (less than 12 m	onths)				
Part II Basic Plan Information—enter all requested information	C Check I	box if filing under:				DFVC prog	ram			
1			special extension (enter descri	ption)						
1	Part II	Basic Plan Info	rmation—enter all requested info	ormation						
COONS SUPPLY 401(K) PLAN						1b Three-digit				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 16-1274860 2c Sponsor's telephone number 607-562-8484 2d Business code (see instructions) 423300 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number name, EIN, and the plan number from the last return/report. a Sponsor's name 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. 5 Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6d(1) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of paln administrator Date Enter name of individual signing as plan administrator		•				plan number	001			
20. BOX 456, ROUTE 352 BIG FLATS, NY 14814-0456 2d Business code (see instructions) 42300 3a Plan administrator's name and address Same as Plan Sponsor. 3b 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. 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. 4 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 C 0 6 (1) Total number of active participants at the beginning of the plan year. 5 Sd(1) 10 6 (2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants at the end of the plan year. 6 Number of participants at the e										
SIGN 456, ROUTE 522 Business code (see instructions) 423300	2a Plan sp COONS SUF	ponsor's name and ad PPLY, INC.	dress; include room or suite numbe	r (employer, if for a single-	employer plan)					
3a Plan administrator's name and address Same as Plan Sponsor. 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. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	P.O. BOX 45	6. ROUTE 352								
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. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
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. a Sponsor's name 5a Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or.		3b Administrator's EIN				
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. a Sponsor's name 5a Total number of participants at the beginning of the plan year						25 41 11 11				
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year						3C Administrator's telephone number				
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year										
a Sponsor's name Total number of participants at the beginning of the plan year				he last return/report filed fo	or this plan, enter the	4b EIN				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor		•	nber from the last return/report.			4c PN				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	5a Total i	number of participants	at the beginning of the plan year			. 5a				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b Total i	number of participants	at the end of the plan year				0			
d(1) Total number of active participants at the beginning of the plan year										
d(2) Total number of active participants at the end of the plan year	comple	ete this item)				5c	0			
Possible of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Tota	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	10			
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	d(2) Tot	al number of active pa	rticipants at the end of the plan yea	r		5d(2)	0			
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor						5e	0			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor						ise is established.				
SIGN Filed with authorized/valid electronic signature. 01/20/2016 STEVEN J. COONS	Under pena SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth in the instruct nd signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	oort, including, if appl				
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			01/20/2016	STEVEN J. COONS					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan ad	dministrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE	Signature of employer/plan sponsor Date Enter name of individu			vidual signing as employer or plan sponsor					
	Preparer's									
		, ,	,		/		· · · /			
	I									

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indeper and conditi	ndent qualified public accountations.)	int (IQ	(PA)			<u>></u>	Ye Ye		No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	No	t dete	ermin	ied
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	'ear		
<u>a</u>	Total plan assets	7a	2950							0	
	Total plan liabilities	7b	0056	0							
	Net plan assets (subtract line 7b from line 7a)	7c	2950)21	-					0	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota			
	(1) Employers	8a(1)	54	132							
	2) Participants	8a(2)	60)18							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	233	346							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34	796	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	3296	612							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2	205							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							329	817	
	Net income (loss) (subtract line 8h from line 8c)	8i							-295	021	
j	Transfers to (from) the plan (see instructions)	8j									
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	the instruc	tions	:		
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					2	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	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 as	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Ye	s X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		1 -			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	. <u> </u>	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			o#! = :	a :- ·1	nnt== "	00 4-4 1	41 '	o#		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter th Day		the le		uling	

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	3c(2) E∣	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to **Public Inspection**

	t Identification Information				
For calendar plan year 2014 or		1/2014	and ending	06/30/2015	
A This return/report is for:	Ⅺ a single-employer plan	a multiple-employer pl of participating employ			his box must attach a list m instructions)
	a one-participant plan	a foreign plan			i de la companya de La companya de la co
B This return/report is	the first return/report	the final return/report	1.0		
•	an amended return/report	a short plan year return	n/report (less than 12 i	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC p	orogram
	special extension (enter des	cription)			·
Part II Basic Plan Info	ormation—enter all requested in	nformation			
1a Name of plan				1b Three-digi	
Coons Supply 401(k) Plan			. •	plan numb (PN) ▶	er 001
				1c Effective of 10/01/200	
2a Plan sponsor's name and a cons Supply, Inc.	ddress; include room or suite numl	ber (employer, if for a single-	employer plan)		dentification Number
					telephone number
.O. Box 456, Route 352	·			(607) 562-8484
ia Flats. NY 14814-0456				2 d Business of 423300	ode (see instructions)
	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN
	, 二 ,		*	ulii da di unii da	
• ,				3C Administra	tor's telephone number
•					
	ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN	
a Sponsor's name	umber from the last return/report.			4c PN	
5a Total number of participants	s at the beginning of the plan year	***************************************	***************************************	. 5a	11
b Total number of participants	s at the end of the plan year			5b	0
C Number of participants with complete this item)	account balances as of the end of	the plan year (defined bene	fit plans do not	. 5c	0
d(1) Total number of active pa	articipants at the beginning of the p	olan year		5d(1)	10
d(2) Total number of active pa	articipants at the end of the plan ye	ear		5d(2)	0
	terminated employment during the			5e	0
Caution: A penalty for the late	or incomplete filing of this retui	n/report will be assessed u	ınless reasonable ca	use is establishe	d.
Jnder penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have o	examined this return/re	eport, including, if a	pplicable, a Schedule
SIGN:	MIGIG.	1/19/2016	Steven J. Coons		and the same of
IERE Signature of plan	administrator	Date	Enter name of indivi	dual signing as nla	n administrator
SIGN				gg ao più	
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor
	name, if applicable) and address (i	nclude room or sulte number) (optional)		hone number (optional)

6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indepe and cond	endent qualified public account itions.)	tant (i	QPA)				X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC i							Пи	ot dete	rmined .
*************	rt III Financial Information				L			اسا		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) Er	nd of	Year	
a	Total plan assets	. 7a	2950				(2) 11			0
	Total plan liabilities			0						
	Net plan assets (subtract line 7b from line 7a)		2950	21		-				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)) Tota		
а	Contributions received or receivable from:									
	(1) Employers	. 8a(1)	543							
·	(2) Participants	. 8a(2)	60	18						
	(3) Others (including rollovers)	8a(3)	<u></u>							
	Other income (loss)	. 8b	2334	16						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				·			34796	;
d	Benefits paid (including direct rollovers and insurance premiums to provide honofits)	0.4	32961	12						
	to provide benefits)	8d	32901							
-		. 8e	20	·						
	Administrative service providers (salaries, fees, commissions)		20							
<u>g</u>	Other expenses									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	+	1		-	· · ·			32981	
-	Net income (loss) (subtract line 8h from line 8c)	. 8i							29502	l
J	Transfers to (from) the plan (see instructions)	8j								
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the applicable pension and the applicable pension are the applicable pension and the applicable pension are the applicable pension a									
Par	V Compliance Questions									
10	During the plan year:		,		Yes	No		Am	ount	
a 	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Con	rection Program)	10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		`	10b		х			-,·	
c	Was the plan covered by a fidelity bond?			10c	Х					25000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?	•••••••••••••••••••••••••••••••••••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		•		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i		X				
Part	(3) (3) (3)					L	A STATE OF THE STA	, emplement		and a second
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	ΤΓ	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	T	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								·	<u> </u>
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc	ctions, th	and e	enter th	e date of	the le		ing

	Form 5500-SF 2014 Page 3 - 1						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b			12b				
C	Enter the amount contributed by the employer to the plan for this plan year		12c	1			
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	725/27/25/3						
13a	Has a resolution to terminate the plan been adopted in any plan year?		XY	es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the c	the control X Yes No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) t	0				
1	3c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3)	PN(s)	
Part	WIII Trust Information (optional)				L		
14a N	Name of trust	1	4b Tri	ust's EIN	-		