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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	tion				
For	calenda			04/01/201	0	and ending 0	3/31/2	2011
Α	This retu	urn/report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
		urn/report is for:	first return/report	П	final retur	n/report	_	
_		a,	an amended return/repo	rt 📙	short plan	year return/report (less than 12 mo	nths)	
_	Chook h	oox if filing under:	☐ Form 5558		•	extension	,	DFVC program
C	CHECK D	oox ii iiiing under.	CALCHSION					
_	11	Dania Dian Infan	special extension (enter		,			
	art II		mation—enter all request	ed inform	ation		1h	Throp digit
	Name o	•	S, INC. PROFIT SHARING F	PI AN			ID	Three-digit plan number
1100	INOIO A	OIIVIOIVO AGGOGIATE	o, iivo. i ivoi ii oriziviivo i	LAN				(PN) • 001
							1c	Effective date of plan
								04/01/1982
			lress (employer, if for single-	employer	plan)		2b	Employer Identification Number
FKA	INCIS A	SIMONS ASSOCIATE	S, INC.				20	(EIN) 16-1093123 Plan sponsor's telephone number
		RY ROAD					20	585-457-3217
SIR	YKERS	VILLE, NY 14145					2d	Business code (see instructions)
							01.	238220
Sa FRA	Plan ad	dministrator's name and SIMONS ASSOCIATE	d address (if same as Plan s S, INC. 425		nter "Same RY ROAD	? ")	30	Administrator's EIN 16-1093123
				RYKERS\	VILLE, NY	14145	3c	Administrator's telephone number
								585-457-3217
4						port filed for this plan, enter the	4b	EIN
	name, ∟	in, and the plan numb	er from the last return/report	. Sponso	ors name		4c	PN
5a	Total n	number of participants a	at the beginning of the plan v	ear			5a	13
b				}			13	
С						ear (defined benefit plans do not	5b	
								13
6a	Were a	all of the plan's assets	during the plan year investe	d in eligib	le assets?	(See instructions.)		Yes No
b						dent qualified public accountant (IQ		X Yes ☐ No
						ons.)SF and must instead use Form 55		
Pá	art III	Financial Inform		iot use i	01111 3300-	or and must mistead use i orm so	00.	
7	The state of the s	ssets and Liabilities				(a) Beginning of Year		(b) End of Year
а					. 7a	1016413	3	1170080
		olan liabilities			. 7b	()	0
С	Net pla	an assets (subtract line	7b from line 7a)			1016413	3	1170080
8			sfers for this Plan Year			(a) Amount		(b) Total
а	Contrib	outions received or received	eivable from:			30000	1	•
	• •	• •			. 8a(1)		_	
					. 8a(2))	
_	` '	`	s))	
b		` ,			. 8b	132060)	40000
C			, 8a(2), 8a(3), and 8b)		. 8c			162060
d			t rollovers and insurance pre		. 8d)	
е			ctive distributions (see instru		. 8e)	
f			ers (salaries, fees, commissi	,		8393	3	
g g		•		,		()	
9 h		•	, 8e, 8f, and 8g)					8393
i			ne 8h from line 8c)					153667
i		` , `	see instructions)			()	

Form 5500-SF 2010	Page 2-
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		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

	· · · · · · · · · · · · · · · · · · ·							
art	V Compliance Questions							
0	During the plan year:		Yes	No		Ar	nount	
а	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c	Χ					135000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. [Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	4:				41	l = 44 =	U.s. s.
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т	-				
b	Enter the minimum required contribution for this plan year		··· ⊢	12b				
	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 o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 up 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 which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		13c(2) EIN(s)				13c(3) PN(s)	
aut	ا ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.	1		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ref, it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	Land Control of the C							

SIGN	Filed with authorized/valid electronic signature.	10/04/2011	DONALD SIMONS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/04/2011	DONALD SIMONS				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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 section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

į	Pension Benefit Guaranty Corporation	► Complete all entries in accord	lance with	the instructions to the Form 5500-	SF.				
·P	artil Annual Report lo	dentification Information							
	the calendar plan year 2010 or		04/01	/2010 and ending	03/31/2011				
			multiple-er	nployer plan (not multiemployer)	One-participa	int plan			
	This return/report is for:	= =	final return	/report					
Ð	This returns eport is lot.	-		year return/report (less than 12 months	A				
	. [날 *** ' 내	•			ana a			
C	Check box if filing under:	Form 5558	automatic	extension	DFVC program				
		special extension (enter description))						
P	art II Basic Plan Infor	mation enter all requested infor	mation.						
	Name of plan				1b Three-digit				
	Evensia & Cimono Asso	ciates, Inc. Profit Shari	ng Plan		plan number (PN) ▶	001			
	Francis A Simons Asso	clates, inc. Florit bhara	ng raun		1c Effective date of	f plan			
					04/01/1982				
2a	Plan sponsor's name and addre	ess (employer, if for single-employer pl	an)		2b Employer Identi				
	Francis A Simons Asso				(EIN) 16-10				
				**************************************	2c Plan sponsor's (585) 457-3				
	425 Factory Road			<u> </u>	2d Business code				
US	Strykersville	NY 14145			238220				
3a	Plan administrator's name and	address (If same as plan employer, en	ter "Same")		3b Administrator's	EIN			
	Same			200					
				and the state of t	3c Administrator's	Administrator's telephone number			

1	KO K PINT (III a mil		t roturn/ron	ort filed for this plan, enter the	4b EIN				
4	name. EIN and the plan numbe	an sponsor has changed since the las r from the last return/report. Sponsor's	Name	· · · · · · · · · · · · · · · · · · ·					
		•			4c PN				
5a		the beginning of the plan year		*	5a	13 13			
b	Total number of participants at	the end of the plan year			5b	13			
С		h account balances as of the end of th			5c	13			
6a	Were all of the plan's assets du	ring the plan year invested in eligible a	ssets? (Se			X Yes No			
b	Are you claiming a waiver of the	annual examination and report of an	independer	nt gualified public accountant (IQPA)	XYes No				
~	under 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility and	l conditions	.)					
	If you answered "No" to eithe	r 6a or 6b, the plan cannot use Form	5500-SF a	and must instead use Form 5500.					
Рa	irtIII Financial Inform	ation	In the second second						
7	Plan Assets and Liabilities		Sept.00	(a) Beginning of Year	(b) End	of Year			
а	Total plan assets		7a	1,016,413		1,170,080			
b	Total plan liabilities		7b	0		00			
¢	Net plan assets (subtract line 7)	o from line 7a)	7c	1,016,413		1,170,080			
<u> </u>	Income, Expenses, and Transfe		阿拉维	· (a) Amount	(b)	Total			
a	Contributions received or receiv		at Tomas Parent (M		1 1 1 1 1 1 1 1 1				
~	(1) Employers		8a(1)	30,000					
	(2) Participants	. ,	_8a(2)	0	de la companya de la				
	(3) Others (including rollovers)		8a(3)	0					
b	Other income (loss)		8b	132,060	all the first				
С	Total income(add lines 8a(1), 8a	a(2), 8a(3), and 8b)	8c			162,060			
d		ollovers and insurance premiums							
	to provide benefits)		8 <u>d</u>	0	75 16 16 16 16 16 16 16 16 16 16 16 16 16				
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e	0					
f	Administrative service providers	s (salaries, fees, commissions)	8f	8,393		PMARK ST			
g	Other expenses		8g	0		MC型的重要的重要。			
h	Total expenses (add lines 8d, 8	e. 8f. and 8g)	8f, and 8g) 8h 8,393						
i	Net income (loss) (subtract line		8i	通知是不是一种国际的	153,66				
Ì		e instructions)	8j	0					

Page	2.	

	Form 5500-SF 2010	Р	age 2-						
Par	V Plan Characteristics								
7 - 4 ,	f the plan provides pension benefits, enter the applicable pension feat	ure codes from the Lis	st of Plan Chara	cteristic	Codes	in the	instructions	;	
	2E 3D								
b	f the plan provides welfare benefits, enter the applicable welfare featu	re codes from the List	of Plan Charact	eristic C	odes i	n the ir	nstructions:		
E SATE								<u></u>	
Раг	Compliance Questions			 .	Yes	No	,	Amount	
10	During the plan year:		r r		res	IND		Ainount	
а	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	n within the time perion. N. Correction Program	d described in	. 10a		х			
b		Do not include transac	ctions reported			,			
	on line 10a.)			. 10b		x			
C	Was the plan covered by a fidelity bond?			. 10c	х			135	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid	elity bond, that was ca	used by fraud			x			
	or dishonesty?			• 10d	 -	<u> </u>			
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insuran	ce carrier,	Ì					
	insurance services or other organization that provides some or all of instructions.)	the benefits under the	e plan? (See	10e		х			
£	Has the plan failed to provide any benefit when due under the plan?					х			
f				i i		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as o			· 10g		 ^			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	GFR	. 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 2520.101-3	3 <u>.</u>		. 101					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see instr	uctions and con	nplete So	chedul	e SB (l	Form	Yes X	No
40	5500))		442 of the Code	or costi	on 303	of EB	1842	Yes X	No
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated	quirements of section	412 01 (He Coue	01 20011	011 002	. OI LIV	iio/ti		_
_	The second secon		vear see instru	otione a	nd ent	er the	date of the i	letter rulina	
а	granting the waiver	amortized in this plan	year, see mand	lonth	in one	Day	/	Year	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and s	skip to line 13.		r-				
b	Enter the minimum required contribution for this plan year				· L	12b			
С	Enter the amount contributed by the employer to the plan for this pla					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minu	s sign to the left			12d			
	negative amount)				· L			TING T]N/A
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .			• •		Yes	∐No L	JIN//
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan				٠,		· · ·	, Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		• •	• •	13a	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, t	ransferred to another p	olan, or brought	under th	e cont	rol		. TYes 🗓	- No
_	of the PBGC?	this plan to another n	lante) identify th	ne nlan(s	i i			· [] tes [A	-1110
С	which assets or liabilities were transferred. (See instructions.)	illis pian to anomer p	ian(s), identity ti	ic plante	,,				
	3c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·			13	c(2) E	IN(s)	13c(3) PN	l(s)
	oct i) reasse of plants).						1-4		
					-				
Cauti	on: A penalty for the late or Incomplete filing of this return/report	will be assessed uni	ess reasonable	cause	s esta	blishe	d		
Unde	penalties of perjury and other penalties set forth in the instructions, I	declare that I have exa	amined this retur	rn/report	includ	ding, if	applicable,	a Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well a	s the electronic version	n of this return/re	eport, ar	id to th	e best	of my know	vieage and	
pellet	it is true, correct, and complete.					· · · · ·			-
SIG	237.2	0.30-11				•	_1		
HE	RES Signature of plan administrator	Date 9-29-11	Enter name of	ındividu	ai sign	ing as	pian admini	ISTRATOF	
SIG		gr						<u>. </u>	
HE	Signature of employer/plan sponsor	Date 9-29-11	Enter name of	individu	al sign	ing as	employer or	r plan sponsor	