## 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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| P        | ension Benefit Guaranty Corporation                                     | <ul> <li>Complete all entries in accor</li> </ul> | rdance wit    | h the instructions to the Form 550     | 0-SF.  | 1   |  |  |  |
|----------|---|---|---------------|--|--------|---|--|--|--|
|          |   | entification Information                          |               |  |        |   |  |  |  |
| For      | calendar plan year 2010 or fisca  | al plan year beginning 04/01/201                  | 10            | and ending $$                          | 3/31/2 | 2011  |  |  |  |
| Α -      | This return/report is for:  | single-employer plan                              | multiple-e    | employer plan (not multiemployer)      |        | one-participant plan                          |  |  |  |
|          | This return/report is for:  | first return/report                               | final retur   | n/report                               |        | ш   |  |  |  |
|          | an amended return/report short plan year return/report (less than 12 mo |   |               |  |        |   |  |  |  |
| C        | Check box if filing under:  | Form 5558   | automatio     | extension                              |        | DFVC program                                  |  |  |  |
|          |   | special extension (enter descripti                | on)           |  |        |   |  |  |  |
| Pa       | rt II Basic Plan Inform   | nation—enter all requested inform                 | nation        |  |        |   |  |  |  |
| 1a       | Name of plan  | ·   |               |  | 1b     | Three-digit                                   |  |  |  |
| N.H.     | LYONS & CO., INC. PENSION I   | PLAN  |               |  |        | plan number 001                               |  |  |  |
|          |   |   |               |  |        | (PN) ▶  |  |  |  |
|          |   |   |               |  | 1C     | Effective date of plan<br>04/01/1996          |  |  |  |
| 2a       | Plan enoneor's name and addre   | ess (employer, if for single-employer             | r nlan)       |  | 2h     | Employer Identification Number                |  |  |  |
|          | LYONS & CO., INC.   | cas (employer, ii for single employer             | ι ριαιι)      |  | 2      | (EIN) 13-5219362                              |  |  |  |
| 1401     | ICCTED CTDEET   |   |               |  | 2c     | Plan sponsor's telephone number 212-226-0450  |  |  |  |
|          | HESTER STREET<br>YORK, NY 10013   |   |               |  | 24     |   |  |  |  |
|          |   |   |               |  | Zu     | Business code (see instructions) 531210       |  |  |  |
| 3a       | Plan administrator's name and   | address (if same as Plan sponsor, e               | enter "Same   | e")                                    | 3b     | Administrator's EIN                           |  |  |  |
| N.H.     | LYONS & CO., INC.   | 140 HESTE<br>NEW YORK                             |               | 3                                      |        | 13-5219362                                    |  |  |  |
|          |   |   |               |  | 3C     | Administrator's telephone number 212-226-0450 |  |  |  |
| 4 1      | the name and/or EIN of the pla  | n sponsor has changed since the la                | ast return/re | port filed for this plan, enter the    | 4b     | EIN   |  |  |  |
|          | name, EIN, and the plan number  | r from the last return/report. Sponse             | or's name     |  |        |   |  |  |  |
|          | Total number of participants at the beginning of the plan year          |   |               |  |        | C PN  |  |  |  |
|          |   |   |               |  | 5a     | 4   |  |  |  |
| b        | ·   | the end of the plan year                          |               |  | 5b     | 4   |  |  |  |
| С        |   | th account balances as of the end c               |               | •                                      | 5с     | 4   |  |  |  |
| 6a       | Were all of the plan's assets de  | uring the plan year invested in eligit            | ole assets?   | (See instructions.)                    |        | Yes No  |  |  |  |
| b        |   |   |               | ndent qualified public accountant (IQI |        |   |  |  |  |
|          | •   |   |               | ions.)                                 |        | Yes No  |  |  |  |
| Da       | rt III Financial Informa  |   | orm 5500-     | SF and must instead use Form 55        | 00.    |   |  |  |  |
|          |   | ation   |               |  |        | 45-144  |  |  |  |
| 7        | Plan Assets and Liabilities   |   | _             | (a) Beginning of Year<br>931354        |        | (b) End of Year<br>1124985                    |  |  |  |
|          | Total plan assets   |   | 7a            | 33133-                                 |        | 0   |  |  |  |
| b        |   | % faces line 7-1                                  |               | 931354                                 |        | 1124985                                       |  |  |  |
| <u>C</u> |   | b from line 7a)                                   | 7с            |  |        |   |  |  |  |
| 8        | Income, Expenses, and Transfe   |   |               | (a) Amount                             |        | (b) Total                                     |  |  |  |
| а        | Contributions received or received (1) Employers                        | vable from.                                       | 8a(1)         | 89416                                  | 3      |   |  |  |  |
|          | (2) Participants  |   |               | (                                      | )      |   |  |  |  |
|          |   | ·   |               | C                                      | )      |   |  |  |  |
| b        | , ,   |   |               | 104215                                 | 5      |   |  |  |  |
| С        | Total income (add lines 8a(1), 8  | 8a(2), 8a(3), and 8b)                             | 8c            |  |        | 193631  |  |  |  |
| d        |   | rollovers and insurance premiums                  |               | (                                      |        |   |  |  |  |
|          |   |   |               |  | _      |   |  |  |  |
| e        |   | ive distributions (see instructions)              |               | (                                      |        |   |  |  |  |
| t        |   | s (salaries, fees, commissions)                   |               |  | 4      |   |  |  |  |
| g        | •   |   | _             |  | ,      | 0   |  |  |  |
| h        |   | Be, 8f, and 8g)                                   |               |  |        | 193631  |  |  |  |
| !        |   | e 8h from line 8c)                                |               |  |        | 193031  |  |  |  |
| J        | ransfers to (from) the plan (se   | ee instructions)                                  | 8i            |  | )      |   |  |  |  |

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| 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:

**b** 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                   |            | Am  | ount   |        |
| 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                    |            |     |        |        |
| С                       | Was the plan covered by a fidelity bond?   | 10c    | X       |                      |            |     |        | 150000 |
| 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 2520.101-3.)  | 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   |
| 12                      | 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?.    | . X | Yes    | No     |
|                         | (If "Yes," complete 12a or 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 instruct granting the waiver.  Montle ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. |        |         |                      |            |     |        |        |
|                         | Enter the minimum required contribution for this plan year   |        |         | <b>12b</b> 89        |            |     |        | 89416  |
|                         | Enter the amount contributed by the employer to the plan for this plan year  |        |         | 12c                  |            |     |        | 89416  |
|                         | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)  | of a   |         | 12d                  |            |     |        | 0      |
| е                       | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |        |         |                      | X<br>Yes   |     | No     | N/A    |
| art                     | VII Plan Terminations and Transfers of Assets  |        |         |                      |            |     |        |        |
| 3a                      | Has a resolution to terminate the plan been adopted during the plan year or any prior 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 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   |        |        |
| 13c(1) Name of plan(s): |  |        |         | <b>13c(2)</b> EIN(s) |            |     | 13c(3) | PN(s)  |
|                         |  |        |         |                      |            |     |        |        |
|                         |  |        |         |                      |            |     |        |        |
| Caut                    | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable   | e cau  | se is   | establi              | shed.      |     |        |        |
| Inde<br>B 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/re, it is true, correct, and complete.  | rn/rep | ort, in | cluding              | , if appli |     |        |        |
|                         | Filed with entherized while electronic cignature   |        |         |                      |            |     |        |        |

| SIGN | Filed with authorized/valid electronic signature. | 10/20/2011 | DONALD F. MAMMANO  |  |  |  |  |  |
|------|---|------------|--|--|--|--|--|--|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |  |  |  |  |  |
| SIGN | Filed with authorized/valid electronic signature. | 10/20/2011 | DONALD F. MAMMANO  |  |  |  |  |  |
| HERE | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |  |  |  |  |  |

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2010

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.

| P       | art I Annual Report Identification Information   |   |   |                            |                                     |  |  |  |
|---------|--|---|---|----------------------------|-------------------------------------|--|--|--|
| For     | the calendar plan year 2010 or fiscal plan year beginning  | 04/01                                   | /2010                                   | and ending                 | 03/                                 | /31/2011                                       |  |  |
| Α       | This return/report is for: X single-employer plan  | multiple-en                             | iployer plan (no                        | ot multiemployer)          |                                     | one-participant plan                           |  |  |
| В       | This return/report is for: first return/reportt  | final return                            | report                                  |                            |                                     |  |  |  |
|         | an amended return/report   | short plan y                            | /ear return/repo                        | ort (less than 12 month    | s)                                  |  |  |  |
| С       | Check box if filing under: X Form 5558   | automatic e                             | extension                               |                            |                                     | DFVC program                                   |  |  |
|         | special extension (enter description)  |   |   |                            |                                     |  |  |  |
| Pi      | art II Basic Plan Information enter all requested inform   | nation.                                 | *************************************** |                            |                                     |  |  |  |
|         | Name of plan   |   |   |                            |                                     | hree-digit                                     |  |  |
|         | N.H. Lyons & Co., Inc. Pension Plan  |   |   |                            |                                     | lan number<br>PN) ► 001                        |  |  |
|         |  |   |   |                            | 1c E                                | ffective date of plan                          |  |  |
|         |  |   |   |                            |                                     | 4/01/1996                                      |  |  |
| 2a      | Plan sponsor's name and address (employer, if for single-employer plan   | 1)                                      |   |                            |                                     | Employer Identification Number EIN) 13-5219362 |  |  |
|         | N.H. Lyons & Co., Inc.   |   |   |                            | 2c Plan sponsor's telephone number  |  |  |  |
|         | 140 Hester Street  |   |   |                            | (212) 226-0450                      |  |  |  |
| US      | New York NY 10013  |   |   |                            | t                                   | Business code (see instructions)<br>31210      |  |  |
| 3a      | Plan administrator's name and address (If same as plan employer, ente  | r "Same")                               |   |                            | -                                   | dministrator's EIN                             |  |  |
|         | Same   |   |   |                            |                                     |  |  |  |
|         |  |   |   |                            | 3c Administrator's telephone number |  |  |  |
|         |  |   |   |                            |                                     |  |  |  |
| 4       | if the name and/or EIN of the plan sponsor has changed since the last r  |   | t filed for this pi                     | lan, enter the             | 4b EIN                              |  |  |  |
|         | name, EIN and the plan number from the last return/report. Sponsor's N   | lame                                    |   |                            | 4c PN                               |  |  |  |
| 5a      | Total number of participants at the beginning of the plan year   |   |   |                            | 5a                                  | 4  |  |  |
| b       | Total number of participants at the end of the plan year   |   |   |                            | 5b                                  | 4  |  |  |
| С       | Total number of participants with account balances as of the end of the  |   |   |                            | 5c                                  | ,  |  |  |
| 62      | complete this item)  |   |   |                            | 36                                  | X Yes No                                       |  |  |
| b       |  |   |   |                            |                                     |  |  |  |
|         | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of   | conditions.)                            |   |                            |                                     | XYes No  |  |  |
|         | If you answered "No" to either 6a or 6b, the plan cannot use Form  | 5500-SF a                               | nd must instea                          | id use Form 5500.          |                                     |  |  |  |
|         | art III Financial Information  |   | /-\ D.                                  | and an arrange of the same | T                                   | (t-) 7" - 1 - 5 M                              |  |  |
| 7       | Plan Assets and Liabilities  | _                                       | (a) Be                                  | ginning of Year            |                                     | (b) End of Year                                |  |  |
| a       | Total plan assets  | 7a                                      |   | 931,354                    |                                     | 1,124,985                                      |  |  |
| b       | Total plan liabilities   | 7b                                      |   | 931,354                    |                                     | 1,124,985                                      |  |  |
| <u></u> | Net plan assets (subtract line 7b from line 7a)  | 7c                                      |   |                            |                                     |  |  |  |
| 8<br>a  | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:                        |   | (8                                      | a) Amount                  | -                                   | (b) Total                                      |  |  |
| ч       | (1) Employers  | 8a(1)                                   |   | 89,416                     |                                     |  |  |  |
|         | (2) Participants   | 8a(2)                                   |   | 0                          | _                                   |  |  |  |
|         | (3) Others (including rollovers)   | 8a(3)                                   |   | 0                          |                                     |  |  |  |
| b       | Other income (loss)  | 8b                                      |   | 104,215                    |                                     |  |  |  |
| c<br>d  | Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c                                      |   |                            |                                     | 193,631  |  |  |
| u       | to provide benefits) ,   | 8d                                      |   | 0                          |                                     | er en  |  |  |
| е       | Certain deemed and/or corrective distributions (see instructions)  | 8e                                      |   | 0                          |                                     |  |  |  |
| f       | Administrative service providers (salaries, fees, commissions)   | 8f                                      |   | 0                          | 1                                   |  |  |  |
| g       | Other expenses   | 8g                                      |   | 0                          |                                     |  |  |  |
| h       | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h                                      |   |                            |                                     | 0  |  |  |
| i       | Net income (loss) (subtract line 8h from line 8c)  | 81                                      |   |                            |                                     | 193,631  |  |  |
| j       | Transfers to (from) the plan (see instructions)  | 8j                                      |   | 0                          |                                     |  |  |  |
|         |  | *************************************** |   |                            |                                     |  |  |  |

| Par    | IV Plan Characteristics   | ·                                       |   |             |          |                 |   |          |
|--------|---|---|---|-------------|----------|-----------------|---|----------|
| 9a     | f the plan provides pension benefits, enter the applicable pension feature  | e codes from the Lis                    | t of Plan Characteristic 0              | Codes i     | n the in | structions:     |   |          |
| b      | 2C 2G 3D f the plan provides welfare benefits, enter the applicable welfare feature   | codes from the List                     | of Plan Characteristic Co               | odes in     | the ins  | tructions:      |   |          |
| Par    | t V Compliance Questions  |   |   |             |          | •               |   |          |
| 10     | During the plan year:   |   |   | Yes         | No       | A               | mount                                   |          |
| a<br>b | Was there a failure to transmit to the plan any participant contribution v<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary<br>Were there any nonexempt transactions with any party-in-interest? (Do | Correction Program                      | ) <u>10</u> 3                           | 1           | х        |                 | *************************************** | ·····    |
|        | on line 10a.)   |   | 1                                       | )           | Х        |                 |   |          |
| С      | Was the plan covered by a fidelity bond?  |   | 100                                     | x           |          |                 | 150                                     | ,000     |
| d      | Did the plan have a loss, whether or not reimbursed by the plan's fidelitor dishonesty?   |   | 1                                       | i           | x        |                 | *************************************** |          |
| е      | Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of thinstructions.)   | e benefits under the                    | plan? (See                              | 2           | x        |                 |   |          |
| f      | Has the plan failed to provide any benefit when due under the plan?   |   | 101                                     |             | х        |                 |   |          |
| g      | Did the plan have any participant loans? (If "Yes," enter amount as of y  | vear end.)                              | 109                                     | a           | х        |                 |   |          |
| h      | If this is an individual account plan, was there a blackout period? (See 2520.101-3.)   |   | 1                                       |             | x        |                 |   |          |
| i      | If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3   | quired notice or one                    | of the                                  |             |          |                 |   |          |
| Part   | VI Pension Funding Compliance   |   |   |             |          |                 |   |          |
| 11     | Is this a defined benefit plan subject to minimum funding requirements'   |   |   |             |          |                 | Yes X                                   | lNo      |
| 12     | ls this a defined contribution plan subject to the minimum funding requi  |   |   |             |          |                 | X Yes                                   |          |
|        | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.   |   |   |             |          | ,,,             | timinal tananal                         | ,        |
| a      | If a waiver of the minimum funding standard for a prior year is being am  | nortized in this plan y                 | year, see instructions, ar              | d enter     | the da   | te of the lette | r ruling                                |          |
| lf v   | granting the waiver   |   |   | <del></del> | Day      | Y               | ear                                     | reserved |
| b      | Enter the minimum required contribution for this plan year  |   | •                                       | . [         | 12b      |                 | 89                                      | ,416     |
| С      | Enter the amount contributed by the employer to the plan for this plan y  | /ear                                    |   | . [         | 12c      |                 | 89                                      | ,416     |
| d      | Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)   |   |   | . [         | 12d      |                 |   | 0        |
|        | Will the minimum funding amount reported on line 12d be met by the fu   | inding deadline?                        |   |             | • •      | X Yes [         | No N                                    | N/A      |
| Part   |   |   |   |             |          |                 | Yes X                                   | 1        |
| 13a    | Has a resolution to terminate the plan been adopted during the plan years if "Yes," enter the amount of any plan assets that reverted to the emplo  | •                                       | ' • • • • • • • • • • • • • • • • • • • | ٠ . ر       | 13a      |                 |   | 140      |
| b      | Were all the plan assets distributed to participants or beneficiaries, tran   | *************************************** | lan, or brought under the               | contro      |          |                 |   |          |
| С      | of the PBGC?  | <i></i> .                               |   |             | •        | • • • •         | Yes X                                   | No       |
|        | which assets or liabilities were transferred. (See instructions.)   | *************************************** |   |             |          |                 |   |          |
|        | 3c(1) Name of plan(s):  |   |   | 13          | 3c(2) E  | IN(s)           | 13c(3) PN(s                             | 5)       |
|        |   |   |   |             |          |                 |   |          |
|        |   |   |   |             |          |                 |   |          |
| Cautio | on: A penalty for the late or incomplete filing of this return/report wi  | ll be assessed unle                     | ess reasonable cause i                  | s estab     | lished   | •               |   |          |
| SB or  | penalties of perjury and other penalties set forth in the instructions, I dec<br>Schedule MB completed and signed by an enrolled actuary, as well as th<br>it is true, progress, and complete.                            |   |   |             |          |                 |   |          |
| SIG    | 11/4-2/11/10  | 10/18/11                                | DONALLE                                 | N           | nn       | MAN             |   |          |
| HEF    | 11) -01   | 7                                       | Enter name of individu                  |             |          |                 |   |          |
| SIG    | V HATT Wom  | 10/18/11                                |   |             |          | IANO            |   |          |
| HEF    | 10.00   | Date                                    | Enter name of individu                  | •           |          |                 | lan sponsor                             |          |
|        |   |   |   |             |          |                 |   |          |

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