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.

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

| Pa | art I Annual Report Identification Information | | | | | | |
|----------|---|--------------|--|--------|-----------------------------------|--|--|
| For | calendar plan year 2011 or fiscal plan year beginning 04/01/2011 | | and ending 0 | 3/31/2 | 2012 | | |
| A | This return/report is for: | a multiple | ple-employer plan (not multiemployer) a one-participant plan | | | | |
| В | This return/report is: the first return/report | the final r | eturn/report | | | | |
| | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) | | | |
| С | Check box if filing under: Form 5558 | automatic | extension | | DFVC program | | |
| | special extension (enter description | า) | | | | | |
| Pa | art II Basic Plan Information—enter all requested informa | • | | | | | |
| | Name of plan | 111011 | | 1b | Three-digit | | |
| | NCIS A SIMONS ASSOCIATES, INC. PROFIT SHARING PLAN | | | | plan number | | |
| | | | | | (PN) • 001 | | |
| | | | | 1C | Effective date of plan 04/01/1982 | | |
| | Plan sponsor's name and address; include room or suite number (en | nnlover if | for a single-employer plan) | 2h | Employer Identification Number | | |
| | NCIS A SIMONS ASSOCIATES, INC. | iipioyoi, ii | Tot a single employer plant | 20 | (EIN) 16-1093123 | | |
| | | | | 2c | Sponsor's telephone number | | |
| 425 F | FACTORY ROAD | | | | 585-457-3217 | | |
| | YKERSVILLE, NY 14145 | | | 2d | Business code (see instructions) | | |
| | | | | | 238220 | | |
| | Plan administrator's name and address (if same as plan sponsor, en NCIS A SIMONS ASSOCIATES, INC. 425 FACTORY | | ·") | 3b | Administrator's EIN 16-1093123 | | |
| 1100 | STRYKERSVI | | 14145 | 3c | Administrator's telephone number | | |
| | | | | | 585-457-3217 | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | st return/ | report filed for this plan, enter the | 4b | EIN | | |
| а | name, EIN, and the plan number from the last return/report. Sponsor's name | | | 4c | PN | | |
| 5a | • | | | 5a | 13 | | |
| b | Total number of participants at the end of the plan year | | | 5b | 13 | | |
| С | Number of participants with account balances as of the end of the pl | | | 30 | | | |
| | complete this item) | | | 5c | 14 | | |
| 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | | X Yes □ No | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | | • | | | | |
| Pa | rt III Financial Information | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year | | |
| а | Total plan assets | 7a | 1170080 | | 1135092 | | |
| b | Total plan liabilities | 7b | 0 | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 1170080 | | 1135092 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | |
| а | Contributions received or receivable from: | o (1) | 0 | | | | |
| | (1) Employers | 8a(1) | 0 | | | | |
| | (2) Participants | 8a(2) | 0 | _ | | | |
| L | (3) Others (including rollovers) | 8a(3) | -11448 | | | | |
| b | Other income (loss) | 8b | -11440 | | | | |
| Ч С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | -11440 | | |
| d | to provide benefits) | 8d | 13900 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 9640 | | | | |
| g | Other expenses | 8g | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 23540 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | -34988 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | |

| _ | | | |
|------|-------|-----|------|
| Form | 5500. | -85 | 2011 |
| | | | |

| Part IV | Plan | Charact | eristics |
|---------|--------|----------|----------|
| I altıv | ı ıaıı | Onal aci | にいらいしろ |

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

| 0 | V Compliance Questions | | | | | | |
|------|---|---------|---------|----------|--------|------|-----------|
| | During the plan year: | | Yes | No | | Amou | nt |
| 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 | | | | 1350 |
| 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 | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | П、 | Yes X N |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes X N |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | _ | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional granting the waiver. | | | | | | |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | _ | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | |
| С | 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 negative amount) | | [| 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | N/ |
| art | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Y | es X N | lo | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 3a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | | the co | ontrol | | П、 | Yes X |
| 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.) | ne plai | n(s) to | 1 | | | ш |
| 1 | 3c(1) Name of plan(s): | | 13 | c(2) EII | V(s) | 13 | c(3) PN(s |
| | | | | | , , | | |
| | | | | | | | |
| | | | | | | • | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 09/21/2012 | DONALD SIMONS |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 09/21/2012 | 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

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| ٠ <u>د د تا</u> | ► Complete all entries in accord | ance with | the instructions to the Form 550 | J-3F. | · · · · · · · · · · · · · · · · · · · | | |
|--------------------|---|---------------------------|---------------------------------------|-----------------------------------|--|--|--|
| | art I Annual Report Identification Information | n = 1~- | /OO11 | 0.2 | /21 /2012 | | |
| | the calendar plan year 2011 or fiscal plan year beginning | 04/01 | | U3/ | /31/2012 | | |
| Α | This return/report is for: 🔟 a single-employer plan 📙 | a multiple-e | mployer plan (not multiemployer) | L | a one-participant plan | | |
| B | اليا · اليا | he final r o t | • | | | | |
| | an amended return/report | a short plar | year return/report (less than 12 mo | nths) | | | |
| C | Check box if filing under: Form 5558 | automatic e | extension | | DFVC program | | |
| | special extension (enter description) | | | | | | |
| P | art II Basic Plan Information enter all requested inform | nation. | · · · · · · · · · · · · · · · · · · · | | | | |
| | Name of plan | 14.17.7.7. | | | hree-digit | | |
| | Francis A Simons Associates, Inc. Profit Sharin | a Plan | : | | lan number PN) ▶ 001 | | |
| | FIGURE A STRONG ASSOCIATION, THOU PRODUCT | 9 22011 | | | ffective date of plan | | |
| | | | | . 0 | 4/01/1982 | | |
| 2a | Plan sponsor's name and address; include room or sulte number (emp | loyer, if for | single-employer plan) | 2b Employer Identification Number | | | |
| | Francis A Simons Associates, Inc. | | | (| EIN) 16-1093123 | | |
| | | | | | Plan sponsor's telephone number | | |
| | 425 Factory Road | | | | (585) 457-3217 Business code (see instructions) | | |
| | | | | | 38220 | | |
| | Strykersville NY 14145 Plan administrator's name and address (If same as plan sponsor, enter | r "Sama"\ | | 3h A | dministrator's EIN | | |
| Ja | Same | Quillo) | | | (diminutation of any | | |
| | | | | 30 0 | Administrator's lejephone number | | |
| | | | | 00 / | Communication of Colophonic Francisco | | |
| | | | | 41 | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. | return/repo | rt filed for this plan, enter the | 4b EIN | | | |
| а | Sponsor's Name | | | 4c F | N | | |
| 5a | Total number of participants at the beginning of the plan year | | | <u>5a</u> | 13 | | |
| þ | Total number of participants at the end of the plan year | | | .5b | 13 | | |
| C | Number of participants with account balances as of the end of the plan complete this item) | year (defir | ned benefit plans do not | 5c | 14 | | |
| 6a | Were all of the plan's assets during the plan year invested in eligible as | sets? (See | | , , | . , XYes No | | |
| b | Are you claiming a waiver of the annual examination and report of an i | ndependen | t qualified public accountant (IQPA) | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | conditions |) | | XYee No | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form | 6600-SF a | nd must instead use Form 5500. | ··· | | | |
| | art III Financial Information | And Part Over | 1-1 S11 | | (b) End of Year | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | - | | | |
| a | Total plan assets | 7a | 1,170,080 | | 1,135,092 | | |
| b | Total plan llabilities | 7b | 0 | | 4 125 000 | | |
| č | Net plan assets (subtract line 7b from line 7a) | 7c | 1,170,080 | | 1,135,092 | | |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | ter est set e | (a) Amount | | (b) Total | | |
| a | (1) Employers | 8a(1) | 0 | _ . | | | |
| | (2) Participants | 8a(2) | 0 | _ | | | |
| | (3) Others (including rollovers) | 8n(3) | 0 | _ | | | |
| b | Other income (loss) | 8b | (11,448) | | · · · · · · · · · · · · · · · · · · · | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | (11,448) | | |
| d | Benefits paid (including direct rollovers and insurance premiums | 8d | 13,900 | | | | |
| _ | to provide benefits) | 8e | 0 | ٦. | | | |
| e e | | 8f | 9,640 | ٦. | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8g | 0 | | | | |
| g | Other expenses | 8h | | | 23,540 | | |
| h | Net income (loss) (subtract line 8h from line 8c). | 81 | | | (34,988) | | |
| i i | Transfers to (from) the plan (see instructions) | 8j | | | | | |
| _i_ | statisticia to thorny trio plant took materialization | | | | E 5500 OF (2014) | | |

| | Form 5500-SF 2011 | Page 2- | | - | | |
|-----------------|--|---|---------------|--|---------------------------------------|--|
| | rt IV Plan Characteristics | | - | | | |
| | If the plan provides penalon benefits, enter the applicable penalon feature 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature | | | | | |
| Din. | rt V Compliance Questions | | | | | |
| <u>га</u> 10 | | | | Yos No | 0 | Amount |
| 10 a | During the plan year: Was there a fallure to transmit to the plan any participant contributions | within the time period described in | | ١, | , | |
| | 20 CED 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary | Correction Program) | 10a | - | | |
| k | Were there any nonexempt transactions with any party-in-interest? (D on line 10a) | O HOI Wichage frastractions reported | . 10b | 3 | κ | |
| _ | ************************************** | | 10c | х | | 135,000 |
| 0 | الملاق المسالين مناف المسالين مناف المسالين مناف المسالين مناف المسالين الم | ity bond, that was caused by fraud | - | | | |
| · | or dishonesty? | | • <u>10d</u> | ' | × | —————————————————————————————————————— |
| е | Were any fees or commisions paid to any brokers, agents, or other pe | rsons by an insurance carrier, | | | | |
| | Insurance services or other organization that provides some or all of the instructions.) | ne benefits under the plan? (See | 100 | , | x | |
| f | | | 101 |]] : | x | |
| | | | - I | ; | х | |
| g H | 1 If this is an individual account plan, was there a blackout period? (See | Instructions and 29 CFR | | | x | |
| - | 2520.101-3.) | | 10h | | · · · · · · · · · · · · · · · · · · · | |
| Ì | If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3 | equired notice or one of the | . 101 | | | 14/1 |
| Pa | rf VI Pension Funding Compliance | | | | | , |
| 11 | is this a defined benefit plan subject to minimum funding requirement | <u> </u> | | | | Yes X No |
| 12 | is this a defined contribution plan subject to the minimum funding requirements (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | e.) | | | | |
| | If a waiver of the minimum funding standard for a prior year is being a granting the waiver | . , , , , , , , , , , , , , , , , , , , | MOHUT | nd enter | Day | Year |
| | D Enter the minimum required contribution for this plan year | | | . 1 | 2b | |
| (| Enter the amount contributed by the employer to the plan for this plan | year | | | 2c | |
| (| d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | result (enter a minus sign to the lef | tofa | . 1 | 2d | □No □N/A |
| | Will the minimum funding amount reported on line 12d be met by the | funding deadline? | | | . Yes | □No □N/A |
| Pa | rt VII Plan Terminations and Transfers of Assets | | | | | Yes X No |
| 13 | a Has a resolution to terminate the plan been adopted in any plan year | | | ' ' <u> </u> | <u> </u> | , 1,100 HEIVO |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | | | 3a | |
| ı | b Were all the plan assets distributed to participants or beneficiaries, tra | ansferred to another plan, or brough | l unaer tr | ie 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.) | | | | | 40 (0) EN(0) |
| | 13c(1) Name of plan(s): | | | 130 | (2) EIN(s) | 13c(3) PN(8) |
| | | | | | | |
| | - A A A A A A A A A A A A A A A A A A A | | | ······································ | | |
| | | | | | | |
| Car | ution: A penalty for the late or incomplete filing of this return/report | vIII be essessed unless reasonabl | lo causo | ls ostab | lished. | |
| Und SB | der penalties of perjury and other penalties set forth in the instructions, i c or Schedule MB completed and signed by an enrolled actuary, as well as | leclare that I have examined this ret | um/repor | t, includir | rg, if applicabl | e, a Schedule lowledge and |
| beli | ief, it is true, oprrect, and complete. | | | | | |
| 3 | IIGN Dank Chmung | Date 9-20-12 Enter name of | of Indialet | امار فامداء | ก สุด กโลก ลูกัก | ninistrator |
| H | IERE Signature of plan edministrator | Date 1 VV -1 1 Enter name (| or interested | aai oiyiiit | and birni adii | |
| | SIGN Ward Imaro | Date 1-20-12 Enter name of | of ledistes | ıal einnin | a as employe | r or plan sponsor |
| -1 "H | IERE Signature of employer/plan sponsor | Date: VV I P Chier hame t | , iiiuiviut | កចា ០នេះ បា | 2 011121076 | |