Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in acco	uance with	i the instructions to the Form 550	U-3F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 04/01/20	11	and ending (3/31/20	012			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 m	onths)				
С	C Check box if filing under: Form 5558 automatic extension					m		
	special extension (enter description)	on)						
Pa	art II Basic Plan Information—enter all requested inform	nation						
1a	Name of plan				Three-digit			
N.H.	LYONS & CO., INC. PENSION PLAN				plan number	004		
				-	(PN) FERENTIAL ENTRY ENT	001		
				10	04/01/			
	Plan sponsor's name and address; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identifi	cation Number		
N.H.	LYONS & CO., INC.			<u> </u>	(EIN) 13-521			
				2c	Sponsor's teleph			
	HESTER STREET / YORK, NY 10013			24			. \	
IVLVV	7 TORK, NT 10013			Zu	Business code (s 53121		·)	
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	2")	3b /	Administrator's E	IN		
	LYONS & CO., INC. 140 HESTEI NEW YORK	R STREET			13-52	19362		
	NEW TORK	, 141 10013		3c	Administrator's to 212-226		er	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN			
	name, EIN, and the plan number from the last return/report.			4-	5			
	Sponsor's name			4c	PN T			
	Total number of participants at the beginning of the plan year			5a	<u>5a</u>			
b	· · · · · · · · · · · · · · · · · · ·			5b				
С	Number of participants with account balances as of the end of the complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligi					X Yes	No	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,			X Yes	No	
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information	orm 5500-	SF and must instead use Form 55	00.				
7			(a) Banimain a (Yana		(I-) F I	- () /		
-	Plan Assets and Liabilities	70	(a) Beginning of Year		(b) End	or rear 1106950		
a b	Total plan assets		0			0		
C			1124985			1106950		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) T	otal		
а					(3)	 		
	(1) Employers	8a(1)	77264	_				
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)		0					
b	Other income (loss)		-95299			40005		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-18035		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
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)	8i				-18035		
i	Transfers to (from) the plan (see instructions)	8j	0					

Form	5500	SF	201

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Part IV	Plan	Characteristics

- **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:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	A	mount	
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		Х			
С	Was the plan covered by a fidelity bond?	10c	Χ				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.)	10a		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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	☐ Yes	X No
12	5500))					X Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	. 01 30	Clion	002 01 1	LINIOA:		□
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	enter th	e date of the	eletter rul	ing
14.	granting the waiver			Day		'ear	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			77264
	Enter the amount contributed by the ampleyer to the plan for this plan year.		⊢	12c			77264
	Enter the amount contributed by the employer to the plan for this plan year						77204
•	negative amount)			12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				X Yes	No	N/A
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 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		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.)	ne plai	n(s) to			_	
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.		
Jnde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cluding	g, if applicab	le, a Sch	edule

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	Filed with authorized/valid electronic signature.	10/16/2012	DONALD F. MAMMANO		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN	Filed with authorized/valid electronic signature.	10/16/2012	DONALD F. MAMMANO		
HERE	Signature of employer/plan sponsor	sponsor Date Enter name of individual signing as			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Compretion

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 6057(b) and 6058(a) of the internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

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	► Complete all entries in accord	dance with	h the instructions to the Form 550	00-SF.	•••	apection	
_	Part Annual Report Identification Information						
For	the calendar plan year 2011 or fiscal plan year beginning	04/0	1/2011 and ending	03	/31/2012		
Α	This return/report is for. x a single-employer plan	a multiple	employer plan (not multiemployer)	Γ	a one-particip	ant plan	
В	This return/report is:	the final re	elum/report	_	,	F	
	an amended return/report		an year return/report (less than 12 mo	-411			
_				nins)	1		
C			extension	L	DFVC progra	m	
	spacial extension (enter description)						
P	art II Basic Plan Information enter all requested infor	mation.				 .	
1a	Name of plan			1b 7	Three-digit		
	N.H. Lyons & Co., Inc. Pension Plan] r	olan number	004	
	,				PN) ►	001	
					Effective date of 04/01/1996	pian	
2a	Plan sponsor's name and address; include room or suite number (emp	loyer, if for	single-employer plan)	_	mployer Identif	insting Alumber	
	N.H. Lyons & Co., Inc.				EIN) 13-521		
			,			elephone number	
	140 Hester Street		-		1212) 226-0		
	110 1100 052 0 01000					see instructions)	
	New York NY 10013				31210		
3a	Plan administrator's name and address (If same as plan sponsor, enter	"Same")		3b A	Administrator's E	in.	
	Same			İ			
				30 0	I designation to the	elephone number	
				30 /	Administrators (elephone number	
_				<u> </u>			
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	eturn/report filed for this plan, enter the 4b EIN				
а	Sponsor's Name	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		5	
C	Number of participants with account balances as of the end of the plan	year (defin	ed benefit plans do not				
22	complete this item)	• • • •	<u> </u>	_5c		44	
oa h	Were all of the plan's assets during the plan year invested in eligible as	sets? (See	instructions.)			X Yes No	
U	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	idependent conditions				—. —.	
	If you answered "No" to either 6a or 6b, the plan cannot use Form					X Yes No	
Pa	art III Financial Information	0000-0, <u>a</u>	no mast mstead use Form 5500.				
7	Plan Assets and Liabilities	т.	(a) Beginning of Year	$\overline{}$	(b) End	of Voca	
а	Total plan assets	7a			(D) Elid i		
b	Total plan liabilities		1,124,985			1,106,950	
c	Net plan assets (subtract line 7b from line 7a)	7b	0			0	
3	Income, Expenses, and Transfers for this Plan Year	7c	1,124,985		·	1,106,950	
a	Contributions received or receivable from:		(a) Amount	 	(b) T	otal	
	(1) Employers	8a(1)	77,264			Land March	
	(2) Participants	6a(2)	0	7	10 M		
	(3) Others (including rollovers)	8a(3)	0	7			
b	Other income (loss)	Bb	(95,299)	-			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	130,233,	+		40.00	
d	Benefits paid (including direct rollovers and insurance premiums			-		(18,035)	
	to provide benefits)	8d	. 0			,	
е	Certain deemed and/or corrective distributions (see instructions)	80	0	7			
f	Administrative service providers (salaries, fees, commissions)	Bf	0	7			
g	Other expenses	8g	0	۱ ٔ			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1		0	
ĵ	Net income (loss) (subtract line 8h from line 8c)	8i				(18,035)	
j	Transfers to (from) the plan (see instructions)	8j	0	+		,,	
_			<u>L </u>	1			

	Form 5500-SF 2011	F	age 2-		_				
Pa	rt IV Plan Characteristics				-				
	If the plan provides pension benefits, enter the applicable pension 2C 2G 3D If the plan provides welfare benefits, enter the applicable welfare to								•
	<u> </u>		- , ,						
	rt V Compliance Questions					· · · · ·	j	_	
10	During the plan year:				Yes	No		Amount	
Č	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid	outions within the time perio	d described in	10a		x			
ŀ	Were there any nonexempt transactions with any party-in-intere on line 10a.)			10Ь		х			·
C	Was the plan covered by a fidelity bond?			10c	ж				150,000
•	-	's fidelity bond, that was ca	used by fraud	10d		ж			
•	Were any fees or commissions paid to any brokers, agents, or of insurance services or other organization that provides some or instructions.)	her persons by an insurance all of the benefits under the	e carrier, plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the p	lan?		10f		ж			
ç	Did the plan have any participant loans? (If "Yes," enter amount	as of year end,)		10a		x			
ŧ	1 If this is an individual account plan, was there a blackout period	? (See instructions and 29 (CFR .	7.5				:	
į	2520.101-3.) If 10h was answered "Yes," check the box if you either provided	the required notice or one	of the	10h	-	X		 :	·
Da	exceptions to providing the notice applied under 29 CFR 2520.1	01-3	· · · · · ·	_10i		<u> </u>	·		
<u>ra</u> 11	rt VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require	ments? (If "Yes " see instru	ctions and comple	te Sche	dula 9	SR /Fo			
	5500))	•			uule .		····	Yes	X No
12 8	Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applet If a waiver of the minimum funding standard for a prior year is be granting the waiver. Tyou completed line 12a, complete lines 3, 9, and 10 of Schedu	licable.) eing amortized in this plan y	rear, see instructio	ns, and	enter	the da			
t	·	, ,-	•		. [12b			77,264
c		•			<u> </u>	12c			77,264
C			sign to the left of a			12d	-		0
	Will the minimum funding amount reported on line 12d be met b	y the funding deadline?					X Yes	∏No	□N/A
Pa	rt VII Plan Terminations and Transfers of Ass	ets	···	<u> </u>		· 			
13a	Has a resolution to terminate the plan been adopted in any plan				٠			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the		• • • • •			13a			
k C	 Were all the plan assets distributed to participants or beneficiarion of the PBGC? If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.) 							. Yes	X No
	13c(1) Name of plan(s):		····			c(2) E	IM/a)	13c(3)	DN/a)
		·				<u> </u>	111(3)	130(3)	/*N(S)
				 			•		·
		· .	·	\perp					
	tion: A penalty for the late or incomplete filing of this return/re								
SB (er penalties of perjury and other penalties set forth in the instruction or Schedule MB completed and signed by an enrolled actuary, as w if, it is true, porrect, and complete.	s, I declare that I have exa- ell as the electronic version	nined this return/re of this return/repo	port, in rt, and t	cludin to the	g, if an best of	oplicable, a f my knowl	Schedule edge and	
SI	GN h/Mg William	10/16/12	DONAL	11	<i>F</i> .	m	mm	ans.	
	RE Signature of plan administrator	Date	Enter name of in	divioual	signi	-			
Sì	GN MAT MA	10/16/12	Donald						
	Signature of employer/plan sponsor	Date	Enter name of in						or