Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection	
Pa	art I	Annual Report Id	entification Information					
For	calend	ar plan year 2011 or fisca	al plan year beginning 12/01/201	1	and ending	1/30/2	012	
Α	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
В	This re	turn/report is:	the first return/report	the final re	eturn/report	_		
			an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
_	Chock	box if filing under:	Form 5558		extension	Γ	DFVC program	
C	CHECK		special extension (enter description		OCACHOION	L	Di vo program	
	4 11	Dania Dian Inform		,				
	art II		nation—enter all requested information	ation		1h	There are all soils	
		of plan	S, INC. PROFIT SHARING PLAN				Three-digit plan number	
		O NEILE & 7.0000 II/ (1 E C	, inc. i italii aliitatta Liit				(PN) • 001	
						1c	Effective date of plan	
							08/01/1967	
		ponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Num	ber
ПЕІ	RT VV.	UNEILL & ASSOCIATES	s, INC.				(EIN) 16-0923534	
						2c	Sponsor's telephone numbe 585-924-3700	r
		NG PARKWAY				24		
VICT	OK, IN	Y 14564				Zu	Business code (see instruction 423800	ons)
	Plan a	idministrator's name and	address (if same as plan sponsor, er	nter "Same	2")	3h	Administrator's EIN	
		O'NEILL & ASSOCIATES	i, INC. 795 CANNING	G PARKW			16-0923534	
			VICTOR, NY	14564		3c	Administrator's telephone nu	ımber
							585-924-3700	
4			lan sponsor has changed since the lear from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а		or's name	or nom the last retain, report.			4c	PN	
	•		the beginning of the plan year			5a		10
b	Total	number of participants at	the end of the plan year			5b		9
С			count balances as of the end of the p			- 00		
		· ·		• (•	5c		8
6a	Were	all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		X Yes	No
b			e annual examination and report of				V voo	□ No
		,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		•		Yes	INO
Pa	rt III	Financial Informa	•	JIII 3300-	or and must instead use Form 55	00.		
7		Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
a				. 7a	3601124		385417	71
b		•		7b	0			0
C		•	b from line 7a)	7c	3601124		385417	71
8		ne, Expenses, and Transf	•	1.0	(a) Amount		(b) Total	
а		ibutions received or recei			(a) Amount		(b) Total	
				8a(1)	0			
	(2) P	articipants		8a(2)	0			
	(3) 0	thers (including rollovers)		8a(3)	0			
b	Other	income (loss)		8b	284497			
С	Total	income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			28449	97
d			ollovers and insurance premiums		31250			
_	•	,		. 8d				
e			ive distributions (see instructions)		0			
f	Admir	nistrative service provider	s (salaries, fees, commissions)		200	-		
g		•			0			
h			Be, 8f, and 8g)				3145	
į		` , `	8h from line 8c)				25304	+/
j	Trans	fers to (from) the plan (se	e instructions)	8j				

Form	5500.	SE	201	
	:);)()():	7	/()	

Page 2 -	1	
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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:

2E 3I

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

D	II UI	te plan provides werrare benefits, enter the applicable werrare reature codes from the List of Plan Chara	ciensi	ic Co	in ses	ne mstru	ictions.		
art	: V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Amo	unt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c	Χ				2000	00
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1	ls t 550	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sche	dule SE	3 (Form		Yes X	No
2	Is	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of	ERISA?		Yes X	No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gra	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Mon	th						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406				
		ter the minimum required contribution for this plan year			12b				
		ter the amount contributed by the employer to the plan for this plan year			12c				
a		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	Wil	Ithe minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o N/.	A
art	VII	Plan Terminations and Transfers of Assets							
3a	На	s a resolution to terminate the plan been adopted in any plan year?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes X	No		
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the c	ontrol			Yes X 1	10
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			_	
1	3c(′	1) Name of plan(s):		13	c(2) E	IN(s)	1	3c(3) PN(s	;)
	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished.			—
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return to strue, correct, and complete.	urn/re _l	port, i	ncludin	g, if app			
016		Filed with authorized/valid electronic signature. 01/18/2013 VIRGINIA O'NEIL	L						

Date

Date

Enter name of individual signing as plan administrator

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 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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information	***************************************	·	***************************************	***************************************	
For	calendar plan year 2011 or fiscal plan year beginning 1	2/01/2	011 and ending		11/30/201	. 2
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the final r	eturn/report			
	. Boood proving	a short pla	nn year return/report (less than 12 m	onths)	1	
C.	Check box if filing under: Form 5558	•	extension	•	☐ DFVC progra	m
•	special extension (enter description					
. ت	art II Basic Plan Information—enter all requested inform				·	······
*************	Name of plan	auon		1b	Three-digit	***************************************
iu	HENRY W. O'NEILL & ASSOCIATES, INC.			''''	plan number	
	PROFIT SHARING PLAN				(PN)	001
	PROFIL SHARING PHAN			1c	Effective date of 08/01/1967	
~~~		manla van if	for a ginale graphy or plan)	26		
	Plan sponsor's name and address; include room or suite number (e HENRY W. O'NEILL & ASSOCIATES, INC.	impioyer, ii	for a single-employer plant)	ZD	Employer Identification (EIN) 16-092	
	The state of the s			20	Sponsor's telep	
				A	(585) 924-	
	795 CANNING PARKWAY			2d	Business code (	see instructions)
	VICTOR		NY 14564		423800	
За	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	² )	3b	Administrator's I	EIN
	SAME			3~	Administrator's	alanhana numbar
				"	Administrators	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.			4.		***************************************
-	Sponsor's name			4c	<u> </u>	10
_	Total number of participants at the beginning of the plan year			<u>5a</u>		9
	Total number of participants at the end of the plan year			5b		
C	complete this item)		•	5c		8
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No
b						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes   No
D g	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	Sr and must instead use rorm 55	υυ.		
7	Plan Assets and Liabilities	<b></b>	(a) Beginning of Year	T	(b) End	of Voor
-	Total plan assets	7a	3,601,12	4	(67)	3,854,171
b	Total plan liabilities	***************************************		0		0
		7c	3,601,12	: 4	······································	3,854,171
8	Income, Expenses, and Transfers for this Plan Year	<b>*************************************</b>	(a) Amount		(d)	otal
а					and the same of th	
	(1) Employers			9		
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)		9		
b	Other income (loss)	8b	284,49		***************************************	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>				284,497
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	31,25	0		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f	. 20	0		•
g	Other expenses	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					31,450
ì	Net income (loss) (subtract line 8h from line 8c)	8i				253,047
j	Transfers to (from) the plan (see instructions)	8i				

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		Page 2 -			-				
Form 5500-SF 2011								The state of the s	
art IV Plan Characteristics  a If the plan provides pension benefits, enter the applicable	lon (eabure (	edes from the List of	of Plan Charac	teristi	Cod	es in the	instructions:	•	
a If the plan provides pension banefits, enter the applicable	pension reaction	, <b>, , , , , , , , , , , , , , , , , , </b>	n Observati	oriotic	Code	s in the i	instructions:		
a If the plan provides pansion benefits, enter the applicable 2E 3D  if the plan provides welfare benefits, enter the applicable	wellare feature co	odes from the List of	Plan Charact	GHANO		4-177			
					Yes	No	H	ount	
art V   Compliance Questions			T (ii bedinaaa			7,			
O During the plan year:  a Was there a failure to transmit to the plan any participan 29 CFR 2510.3-102? (See instructions and DQL's Volu	t contributions wit Intary Flduciary C	orrection Program)	ons reported	10a		X		- Annual Control of the Control of t	
h Were there any nonexempt transactions with any party			.,	10b	X	×		200,000	
C Was the plan covered by a fidelity bond?	u ta #idolihu	hand that was caus	sed by fraud			х	- Little gry - Little yy Little W		
d Did the plan have a loss, whether or not reimbursed by or dishonesty?			- corrier	10d					
tank at any missions paid to any prokers, egg	pitto, or anne	4th under the Ol	ოი? (See '	100		х		-1	
Were any 1665 of commissions of the provides se insurance service or other organization that provides se instructions.)				10f		Х			
	DOL THE MINE			109	-	X			
Ante	ramountas oryc	an dilotytimination		1,4			The state of the s		
h. If this is an individual account plan, was there a biacko	ng panour (oom ii			10h	-	-		and the second s	
2528 181-3 )		and notice or one	of the	101	1			A to the same of t	
i If 10h was answered "Yes." check the box if you either exceptions to providing the notice applied under 29 Cf	R 2520.101-3					<del>,,),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
m 4 VI Dansion Funding Compliance		Marine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-vi-so and cor	nolete	Sche	dule SB	(Form	C. Yes X No	
the sect older subject to minimum lungi	ng requirements?	(If "Yes," see man	ICHOUS and co.	· · · · · · · · · · · · · · · · · · ·				Yes X No	
5500))	funding requi	ng requirements? (If "Yes," see instructions and compared to the code of section 302 of ERISA? Yes No num funding requirements of section 412 of the Code of section 302 of ERISA? Yes No now as applicable.)							
								s letter tuling	
								rear	
a If a waiver of the minimum funding standard for a prior granting the waiver.		(form 5500), and	skip to line 13	3.			1	(a)	
granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10	Ot Scheanle MP	iff Olly pasty,		.,		125	-	ALCOHOL: THE PARTY OF THE PARTY	
b Enter the minimum required contribution for this plant	y construction of the second		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12¢	<u> </u>		
contacting amount contributed by the employer to me	DIBIT (\$1 4110 F 1011 )		a sion to the le	₃ft of a	i	12d			
A Subtract the amount in line 120 from the amount in in	1						Yes	No N/A	
negative amount)	d be met by the f	unding deadline?	,						
							Yes X No	0	
to a second control of	tou Nan 1692F/			,					
43a Has a resolution to terminate the plan been adopted in a f "Yes," enter the amount of any plan assets that rev	erted to the empl	oyer this year			138				
of "Yes;" enter the amount of any plan assets that re-	beneficiaries, tra	insferred to another	plan or broug	int and	 1⊕≀ n.ı.			Yes 🛛 No	
b Were alt the plan assets distributed to participants of of the PBGC?  c if during this plan year, any assets or liabilities were		usie islen to another	plan(s), identif	ly the	plan(s	) to			
c If during this plan year, any assets or liabilities were which assets or habilities were transferred. (See ins	MSU216H BR HOLL	uno piare lo como				13c(2)	CINICA	13c(3) PN(s)	
13c(1) Name of plan(s):						130(2)	E114(2)		
130(1) Name or plantor									
			W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			o lo anti	hlighari		
Caution: A penalty for the late or incomplete filling of	his return/repor	t will be assessed	unless reasor	naple	caus.	a is dair	ling, if annic	abie, a Schedule	
Under penalties of perjury and other ponalties set form at the or Schedule MB completed and signed by an enrolled	the instructions. I actuary, as well a	declare that I have as the electronic ver	examined interest sign of this ret	urn/re	port.	and to th	e best of my	knowledge and	
bolief it is tige. correct and complete.	41,41,41		VIRGINIA						
SIGN & Imprison Chuso W	m	61-18-13					as plan adn	ninistrator	
HERE Signature of plan administrator		Date	Entel ligitie	V. 1170		V-01-17	Land Control of the C		
SIGN				of inc	livíctur	d signing	avolame sa r	ır or plan sponsor	
HERE Signature of employer/plan sponsor	,,	Date	Enter name	OF ITT	**AICTOR	a signific			
	i								