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

2012

This Form is Open to Public Inspection

| Р | ension Be | enefit Guaranty Corporation | ▶ Complete all entries in ac | cordance | with the instruc | tions to the Form 550 | 0-SF. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--|-----------------|--|---|--------------|-----------------------|--|----------|--------------------------------|---|
| Pá | art I | Annual Report I | dentification Information | | | | | | |
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 | | | | | | | | | |
| | | urn/report is for: | a single-employer plan | = | | an (not multiemployer) | | a one-particip | oant plan |
| В | This ret | urn/report is: | the first return/report | | nal return/report | | | | |
| | | | an amended return/report | a shoi | rt plan year return | /report (less than 12 m | onths) |) | |
| С | Check b | oox if filing under: | Form 5558 | auton | natic extension | | | DFVC progra | ım |
| | | | special extension (enter descr | ription) | | | | | |
| Pa | art II | Basic Plan Infor | rmation—enter all requested inf | formation | | | | | |
| | Name | • | · | | | | 1b | Three-digit | |
| | | |)1(K) PROFIT SHARING PLAN | | | | | plan number | |
| | | | | | | | | (PN) • | 001 |
| | | | | | | | 1c | Effective date o | • |
| 0- | | | | | | | 01 | 12/30 | |
| | | ponsor's name and add DESIGN SERVICES C | dress; include room or suite numbe ORP. | er (employ | er, if for a single-e | employer plan) | 26 | Employer Identi (EIN) 14-17 | fication Number 50854 |
| | | | | | | | 2c | Sponsor's telep | hone number |
| | BOX 30 | | | | | | | 518-94 | 3-4451 |
| | MAIN S S, NY | STREET 12451 | | | | | 2d | Business code (| see instructions) |
| | | | | | | | | 44311 | 2 |
| 3a | Plan ad | dministrator's name and | d address 🗵 Same as Plan Spons | sor Name | Same as Plan | Sponsor Address | 3b | Administrator's | EIN |
| | | | | | | | 30 | A desiminate of a r | talanhana numbar |
| | | | | | | | 30 | Administrators | telephone number |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | If the n | name and/or EIN of the | plan sponsor has changed since t | the last ret | urn/report filed fo | r this plan, enter the | 4b | EIN | |
| | | | nber from the last return/report. | | · | • | | | |
| а | Sponso | or's name | | | | | 4c | PN | |
| 5a | Total r | number of participants a | at the beginning of the plan year | | | | 5a | | 4 |
| b | Total r | number of participants | at the end of the plan year | | | | 5b | | 4 |
| С | Numbe | er of participants with a | account balances as of the end of t | the plan ye | ear (defined benef | fit plans do not | | | |
| | compl | ete this item) | | | | | 5c | | 4 |
| 6a | Were | all of the plan's assets | during the plan year invested in e | ligible ass | ets? (See instruct | ions.) | | | X Yes No |
| b | | | the annual examination and repor | | | | | | Vaa □ Na |
| | | | (See instructions on waiver eligible | | | | | | X Yes No |
| | | | ther line 6a or line 6b, the plan c | | | | | | |
| | | | or incomplete filing of this return | | | | | | |
| | | | er penalties set forth in the instructed actuary, a | | | | | | |
| | | true, correct, and comp | | is well as t | ric cicciroriic vers | non or this return/repor | t, and | to the best of my | knowicage and |
| | | | | 1 _ | _,_, | | | | |
| SIG | | Filed with authorized/v | valid electronic signature. | 0 | 7/24/2013 | LYNN GRAHAM | | | |
| HERE | | Signature of plan ac | Iministrator | D | ate | Enter name of individual signing as plan administrator | | | |
| SIG | N | | | | | | | | |
| HE | | Signature of employ | ver/plan sponsor | ח | ate | Enter name of individ | lual sic | ning as employe | r or plan sponsor |
| Pre | | | | | | | | number (optional) | |
| | • | , , | , , , | | | , | l ' | | · · · / |
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| | | | | | | | | | |

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| Por | t III Financial Information | | | | | | | | |
|---|--|-------------|----------------------------------|-----------------------|---------|-----------------|-----------------------------------|--|--|
| Par | | | (a) Deminute of Ver | | 1 | | /h) Fud of Voca | | |
| | Plan Assets and Liabilities | _ | | (a) Beginning of Year | | | (b) End of Year | | |
| | Total plan assets | 7a | 94093 | 00 | - | | 1120039 | | |
| | · | 7b 7c | 94093 | 20 | - | | 1120020 | | |
| | Net plan assets (subtract line 7b from line 7a) | 76 | | 00 | - | | 1120039 | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) Total | | |
| a | (1) Employers | 8a(1) | 401 | 4018 | | | | | |
| | (2) Participants | 8a(2) | 4641 | 19 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | 12874 | 19 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 179186 | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | 8 | 85 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 85 | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 179101 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2A | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan Chara | cterist | ic Coc | les in t | he instructions: | | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| а | | | | 10a | | X | 7 | | |
| b | | ? (Do not | include transactions reported | 10b | | X | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | X | | 440000 | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud | | | | | | 140000 | | |
| | or dishonesty? | | | 10d | | X | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | of the bene | efits under the plan? (See | 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 a | | | | X | | | | |
| h | | (See instru | uctions and 29 CFR | 10g 10h | ^ | X | 12677 | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | ne require | d notice or one of the | | | | | | |
| Dort | 1 1 0 11 | 1-3 | | 10i | | | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | | |
| 11a | 11a Enter the amount from Schedule SB line 39 | | | | | | | | |
| 12 | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortiz | ed in this plan year, see instru | | and e | enter th Day | ne date of the letter ruling Year | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedulo | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | |
| | | | | | | | | | |

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|------|--|-------------------|------------|---------------------|
| | 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 a negative amount) | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has 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 | . 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | e control Yes X N | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | |
| 1 | 3c(1) Name of plan(s): | 1 3c(2) E | IN(s) | 13c(3) PN(s) |
| Part | VIII Trust Information (optional) | | | |
| | Name of trust | 14b ⊤ | rust's EIN | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2012

OMB Nos. 1210-0110 1210-0089

| Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code). | | | | | This Form is Open to Public | | | | | |
|---|--|--------------------------|------------------------|---|---|--|--|--|--|--|
| Pension Benefit Guaranty Corporation | · | 0-SF. | Inspection | | | | | | | |
| Part Annual Report Identification Information Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information | | | | | | | | | | |
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 | | | | | | | | | | |
| A This return/report is for: | A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer | | | | | | | | | |
| B This return/report is: | A H | he final return/report | | | | | | | | |
| 0 | an amended return/report a short plan year return/report (less than 12) Check box if filing under: Form 5558 automatic extension | | | | | | | | | |
| C Check box if filing under: | | L | DFVC program | | | | | | | |
| special extension (enter description) | | | | | | | | | | |
| 1a Name of plan | Part II Basic Plan Information—enter all requested information | | | | | | | | | |
| | VICES 401(K) PROFIT SHAR | TNG PLAN | | | Three-digit plan number | | | | | |
| | 110 (11, 1110111 21111 | 1110 | | | (PN) ▶ 001 | | | | | |
| | | | | 1c Effective date of plan 12/30/1992 | | | | | | |
| 2a Plan sponsor's name and ad | dress; include room or suite number (em | ployer, if for a single- | employer plan) | 2b Employer Identification Number | | | | | | |
| SECURITY DESIGN SERV | VICES CORP. | | | (| EIN) 14-1750854 | | | | | |
| P.O. BOX 300 | | | | 2c Sponsor's telephone number | | | | | | |
| 1130 MAIN STREET | | | | 518-943-4451 | | | | | | |
| LEEDS | NY 12451 | | ٠ | | Business code (see instructions) 443112 | | | | | |
| 3a Plan administrator's name ar | nd address XSame as Plan Sponsor Na | me XSame as Plar | Sponsor Address | | Administrator's EIN | | | | | |
| 4 If the name and/or EIN of the | EIN | | | | | | | | | |
| name, EIN, and the plan nur a Sponsor's name | mber from the last return/report. | | | 4c PN | | | | | | |
| | at the beginning of the plan year | | • | 5a | | | | | | |
| _ | at the end of the plan year | | | | 4 | | | | | |
| C Number of participants with | account balances as of the end of the pla | an year (defined bene | efit plans do not | 5b 5c | 4 | | | | | |
| _ | | | | | | | | | | |
| Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | | | |
| | | | | | | | | | | |
| Caution: A penalty for the late or Incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 AAA | Salan_ | 7-24-13 | LYNN GRAHAM | | | | | | | |
| Signature o≇ plan a | | Date | | ual sign | ing as plan administrator | | | | | |
| SIGN. | Walan_ | 7-24-13 | LYNN GRAHAM | | | | | | | |
| Signature of emplo | yer/plan sponsor | Date | Enter name of individu | | ing as employer or plan sponsor | | | | | |
| Freparer's name (including firm n | ame, if applicable) and address; include | room or suite numbe | er (optional) | Prepa | rer's telephone number (optional) | | | | | |

| Part III Financial Information | | | | | | | | | |
|---|---|-----------------------------------|--------------|-------|-----------------|--------------------------------------|--|--|--|
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | | (b) End of Year | | | | |
| a Total plan assets | | | | 8 | | 1120039 | | | |
| b Total plan liabilities | 7b | | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7с | 9. | 4093 | 38 | | 1120039 | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | · | | | (b) Total | | | |
| a Contributions received or receivable from: (1) Employers | 8a(1) | | 401 | 4018 | | | | | |
| (2) Participants | 8a(2) | | 4641 | L9 | 9 | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b Other income (loss) | 8b | 1: | .28749 | | | | | | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8с | | | | 1791 | | | | |
| d Benefits paid (including direct rollovers and insurance premiums | | | | | | | | | |
| to provide benefits) | | | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) . | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | | | | | | | |
| g Other expenses | | | 8 | 35 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | 85 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | 179101 | | | |
| j Transfers to (from) the plan (see instructions) | ··· 8j | | | | | | | | |
| If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | Amount | | | |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig | outions withi | n the time period described in | 10a | | Х | Amount | | | |
| b Were there any nonexempt transactions with any party-in-interes | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | Х | | 140000 | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? | s fidelity bo | nd, that was caused by fraud | 10d | | Х | | | | |
| Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al | 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.) | | | | | | | | |
| f Has the plan failed to provide any benefit when due under the pl | lan? | | 10f | | Х | · | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount | as of year e | end.) | 10g | Х | | 12677 | | | |
| | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | Х | | | | |
| i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 | | | 10i | | | | | | |
| Part VI Pension Funding Compliance | | | • | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | | |
| | 11a Enter the amount from Schedule SB line 39 | | | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | ERISA? Yes X No | | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | w, as applic | able.) | | | | | | | |
| If a waiver of the minimum funding standard for a prior year is be granting the waiver. | eing amortiz | ed in this plan year, see instruc | ctions th | and e | nter th Day | ne date of the letter ruling Year | | | |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedu | | | | | | T | | | |
| b Enter the minimum required contribution for this plan year | | | | | 12b | | | | |