For	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be filed u		nd 4065 of the Employee	Э	2	2013		
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form i	s Open to Public		
	enefit Guaranty Corporation	Complete all entries in accorda		/	)-SF.	Ins	pection		
Part I		lentification Information							
For calend	ar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This ref	turn/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan		
B This ref	turn/report is:		ne final return/report						
	Ĺ	an amended return/report	short plan year return	n/report (less than 12 mc	onths)				
C Check	box if filing under:		utomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part II		mation—enter all requested informati	on						
1a Name	•	(K) PROFIT SHARING PLAN			10	Three-digit plan number			
OLOONITTI	SECION SERVICES 401					(PN) 🕨	001		
					1c	Effective date o	•		
			alaria if fan a sin ala		01	12/30			
	DESIGN SERVICES CO	ess; include room or suite number (em DRP.	ployer, if for a single-	employer plan)	2b		fication Number 50854		
346 MOUNT	TAIN AVENUE				2c	Sponsor's telep 518-943			
CAIRO, NY					2d	Business code ( 44314	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's			
							elephone number		
name	, EIN, and the plan numb	blan sponsor has changed since the las ber from the last return/report.	st return/report filed fo	r this plan, enter the		EIN			
	or's name	the beginning of the plan year			4c	PN			
		t the beginning of the plan year t the end of the plan year			5a		4		
		count balances as of the end of the pla			5b		4		
					5c		4		
6a Were	all of the plan's assets d	during the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes 🗌 No		
		ne annual examination and report of an					X Yes 🗌 No		
		See instructions on waiver eligibility an ler line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu					Not determined		
		incomplete filing of this return/repo					1		
		r penalties set forth in the instructions,					able a Schedule		
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	lid electronic signature.	07/15/2014	LYNN GRAHAM					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	idual signing as plan administrator				
SIGN			L						
HERE	Signature of employe	· · ·	Date	Enter name of individu	-				
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

Pa	t III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
а	Total plan assets	7a	112003	9				13	97873		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	112003	9				13	97873		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
-	Contributions received or receivable from:			_							
	(1) Employers	8a(1)	393		_						
	(2) Participants	8a(2)	4820	6							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	22594	9	_						
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			2	78094		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f	26	0							
	Other expenses	8g		-							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							260		
	Net income (loss) (subtract line 8h from line 8c)	8i							200		
	Transfers to (from) the plan (see instructions)								.11034		
		8j									
	t IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension       2E     2F     2G     2J     3D     2A   If the plan provides welfare benefits, enter the applicable welfare for								:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		×					
С	Was the plan covered by a fidelity bond?			10c	X					1400	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g				10g	Х					104	604
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		x				400	504
i	2520.101-3.) 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 required	d notice or one of the	10ii							
Part		1-5		101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	Π	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				FRISA?	ГГ	Yes	X	No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 36		002 UI			.00	~	
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 instruc		, and e	enter th Day	ne date of	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		100	•		
-	Enter the minimum required contribution for this plan year					12b					

C	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?	Ye	es 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 c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	<b>14b</b> Tru	ust's EIN	

Oppartment of the Treasury	Short Form Annual	Benefit Plan	of Sinail Employ	yee		1210-00
Internal Revenue Service	This form is required to be					2013
Department of Labor Employee Benefits Security Administratio	Retirement Income Security Ac	ct of 1974 (ERISA), and se arnal Revenue Code (the C		3(a) of	This Form	is Open to Publ
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	in	spection
Part I Annual Repor	rt Identification Information					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
For calendar plan year 2013 or	Ilscal plan year beginning	01/01/2013	and ending		12/31/201	
A This return/report is for:		prog	lan (not multiemployer)		a one-partic	ipant plan
B This return/report is:	the first return/report	the final return/report				
C Check box if filing under:	an amended return/report	[]	n/report (less than 12 m	onths	DFVC progr	am
• Check box it hing under.	special extension (enter descri	automatic extension				<b>G</b> ELLE
Part II Basic Plan In	formation—enter all requested info					
1a Name of plan				1b	Three-digit	
SECURITY DESIGN SE	RVICES 401(K) PROFIT S	HARING PLAN			plan number	001
				10	(PN) Effective date of	1
					12/30/199	
2a Plan sponsor's name and a SECURITY DESIGN SE	address; include room or suite numbe	er (employer, if for a single-	employer plan)	2b		ification Number
STROUGHTER DEDICH OF	RVICES CORF.			20	(EIN) 14-17	
346 MOUNTAIN AVENU	Е			20	Sponsor's telep 518-943-4	
0. tha				2d		(see instructions)
CAIRO	NY 12413	et Ela ai		~ ~ ~	443142	
Ja Plan administrator s name	and address XSame as Plan Sponse	or Name XSame as Plar	Sponsor Address	3b	Administrator's	EIN
4 If the name and/or EIN of t	the plan sponsor has changed since th	ha last solurn/report filed for	within along postaution	41.		
name, EIN, and the plan r	the plan sponsor has changed since the number from the last return/report.	he last return/report filed fo	or this plan, enter the	4b		
name, EIN, and the plan r a Sponsor's name	number from the last return/report.			4c		
name, EIN, and the plan r a Sponsor's name 5a Total number of participan	number from the last return/report.			4с 5а		
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7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets	. 7a	11:	2003	9			1	L39787
<b>b</b> Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	7c	11:	2003	9			1	L39787
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	-			(b) <sup>-</sup>	<b>Total</b>	
a Contributions received or receivable from:			2.0.2					
(1) Employers	. 8a(1)		393	- Mode				
(2) Participants	8a(2)		4820	6				
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b	2:	2594	9				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27809
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
<ul> <li>f Administrative service providers (salaries, fees, commissions)</li> </ul>	8f		26	0				
g Other expenses	8g			•				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		•					26
i Net income (loss) (subtract line 8h from line 8c)	8i							27783
j Transfers to (from) the plan (see instructions)			<u>stratojn</u>					
Part IV Plan Characteristics	8j			13.02				
		les from the List of Plan Chara						
Part V Compliance Questions								
				Yes	No		Amount	
	itions withi	n the time period described in	10a				Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	itions withi uciary Corr t? (Do not	n the time period described in rection Program) include transactions reported			No		Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	itions withi uciary Corr t? (Do not	n the time period described in rection Program) include transactions reported	10a		No X		Amount	14000
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