-	rm 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee F			2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					Internal		orm is Open to ic Inspection		
-	enefit Guaranty Corporation	Complete all entries in		structions to the Form 55	00-SF.		·		
For calend		Identification Information scal plan year beginning 01/01/2		and ending 12	/31/2015				
		X a single-employer plan		plan (not multiemployer)		cking this bo	x must attach a		
A This return/report is for:						-			
B This ret	urn/report is	the first return/report	the first return/report the final return/report						
2		an amended return/report		urn/report (less than 12 mo	months)				
C Check	box if filing under:	Form 5558	automatic extension	tic extension DFVC program					
•	1	special extension (enter desc	1 ,						
Part II		prmation—enter all requested in	formation			T			
1a Name NICHOLVIL		MPANY 401 K PROFIT SHARING	PLAN TRUST		1b Threplan (PN)	number	002		
					· · · /	ective date of plan			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Emp (EIN	01/01/2012 loyer Identification Number) 15-0553424			
City of		e, country, and ZIP or foreign post		structions)		, nsor's teleph	none number		
					2d Busi	315-328-9021 Business code (see instructions)			
	VY11B, P.O. BOX 122 -E, NY 12965				517000				
	,				017000				
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator's EIN				
					3c Adm	inistrator's to	elephone number		
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	or's name	mber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year			5a		50		
b Total	number of participants	at the end of the plan year			5b		50		
		account balances as of the end of			5c		42		
	,	rticipants at the beginning of the p		P	5d(1)		46		
• •			•	ł	5d(2)		47		
 d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 				enefits that were less	5e		0		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau					
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN	SIGN Filed with authorized/valid electronic signature. 07/08/2016 CATHERINE M. BI			CATHERINE M. BLEV	EVINS vidual signing as plan administrator				
HERE	Signature of plan a	administrator Date Enter name of individ							
SIGN HERE	Signature of omale	wer/nlan snonsor	Data	Enter name of individu	dual signing as employer or plan spansor				
Signature of employer/plan sponsor Date Enter name of indiv Preparer's name (including firm name, if applicable) and address (include room or suite number) Enter name of indiv					ridual signing as employer or plan sponsor Preparer's telephone number				
For Paperw	ork Reduction Act Notic	ce and OMB Control Numbers, see th	e instructions for Form 550	00-SF.			Form 5500-SF (2015)		

 6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) 	of an indepen	dent qualified public a	ccount	ant (IQ	PA)				
If you answered "No" to either line 6a or line 6b, the plan ca									
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No X Not determined		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Year			(b) End of Year			
a Total plan assets	7a		346214			389341			
b Total plan liabilities	b Total plan liabilities			0			0		
C Net plan assets (subtract line 7b from line 7a)	7c		346214			389341			
8 Income, Expenses, and Transfers for this Plan Year	8 Income, Expenses, and Transfers for this Plan Year (a) Amo			unt			(b) Total		
a Contributions received or receivable from:	80(1)			0					
(1) Employers		127314							
(2) Participants			0						
(3) Others (including rollovers) b Other income (loss)	`´			155					
				100	-	127159			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 					_		127159		
to provide benefits)			79386						
e Certain deemed and/or corrective distributions (see instructions)	8e		4	516					
f Administrative service providers (salaries, fees, commissions)	8f		130						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					84032			
i Net income (loss) (subtract line 8h from line 8c)	8i					43127			
j Transfers to (from) the plan (see instructions)	j Transfers to (from) the plan (see instructions)			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D 3H	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	e feature code	es from the List of Plan	n Chara	acterist	ic Coc	les in th	ne instructions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Amount		
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	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)				X				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x				
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?			X			40000		
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X				
e 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		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х			23043		
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х				
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									
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			- 1						

	······································					
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 unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No				

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If 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								
C Enter the amount contributed by the employer to the plan for this plan year								
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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s) 13c(3)			PN(s)	
Part	VIII	Trust Information	-					
14a	Name	e of trust		14b Trust's EIN				
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes		No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP// harbor test method			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					res No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					es	No		
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A	
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18	8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?			. Yes N		No		
19 Were in-service distributions made during the plan year?					es	No		
If "Yes," enter amount								
20						No	N/A	