## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	)-SF.	·		
		lentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 08/01/200	9	and ending 07	7/31/2	2010		
A	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plan	year return/report (less than 12 mon	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description	n)					
Pa	art II Basic Plan Inforr	nation—enter all requested inform	ation					
	Name of plan	Trailer onto an requested informs	ation		1b	Three-digit		
	BUILDING CORP. PROFIT SH	ARING PLAN AND TRUST				plan number	002	
						(PN) <b>•</b>	002	
					1c	Effective date of 08/01/1		
22	Dian ananger's name and addr	ess (employer, if for single-employer	nlan)		2h		fication Number	
	C. BUILDING CORP.	ess (employer, il for single-employer	piari)		20	(EIN) 13-284		
					2c	Plan sponsor's	telephone number	
	NORTH MAIN STREET, SUITE	1		-	845-634-8100			
INLVV	CITY, NY 10956-4054				<b>2</b> a	Business code 531390	(see instructions)	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	3")	3b	Administrator's		
	K. BUILDING CORP.	301 NORTH	MAIN STR	EET, SUITE 1		13-284		
		NEW CITY, N	NY 10956-	4054	3с		telephone number	
<b>1</b> 1	f the name and/or FIN of the na	an sponsor has changed since the las	et return/re	port filed for this plan, enter the	4h	845-63 EIN	4-8100	
	•	er from the last return/report. Sponso		port filed for this plant, efficiencie	40	EIIN		
					4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a		7	
b	Total number of participants at	the end of the plan year			5b		2	
С		ith account balances as of the end of			<b>-</b>		0	
<b>C</b> -	,				5c			
	•	0 , ,		(See instructions.)dent qualified public accountant (IQF			X Yes   No	
D				ons.)			X Yes No	
			orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III   Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	2485782			1694164	
b	Total plan liabilities		. 7b	0			0	
С	Net plan assets (subtract line 7	7b from line 7a)	7c	2485782			1694164	
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) ·	Total	
а	Contributions received or rece		95/1)	0				
	, , , ,		8a(1)		-			
	• •		8a(2)		-			
b	, ,	)		204295	-			
_	,		8c	204293			204295	
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	80				204293	
u	. `		. 8d	992558				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g	3355				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				995913	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-791618	
j	Transfers to (from) the plan (se	ee instructions)	8i	0				

Dart IV	Plan Characte	rictics
Part IV	Fian Characte	ristics

SIGN HERE

Signature of employer/plan sponsor

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 3H

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

art				l				
0	During the plan year:	—	Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period describe 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 report on line 10a.)		X					
С	Was the plan covered by a fidelity bond?	Χ				3	300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?		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.)		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.)	10g		X				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						⁄es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						⁄es	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		г					
b	Enter the minimum required contribution for this plan year			12b				
	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	⁄es	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bround the PBGC?			ontrol			⁄es	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the pla	n(s) to	)				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13	c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	nable ca	use is	establ	ished.	1		
Jnde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ref, it is true, correct, and complete.	s return/re	port, ir	ncluding	g, if applic			
SIGI	Filed with authorized/valid electronic signature. 10/27/2010 JOHN KNUT	SEN JR.						
HER		of individ	ual sig	ning as	s plan adn	ninistrat	or	

Date

Enter name of individual signing as employer or plan sponsor

## EN 13-2840695 /PN 002 Short Form Annual Return/Report of Small Employee

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

**Benefit Plan** 

OMB Nos. 1210-0110 1210-0089

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2009

This Form is Open to Public Inspection

		identification information	0 /01 /0	000		07/01/001				
For	calendar plan year 2009 or fis		8/01/2	009 and ending		07/31/201	<u>U</u>			
Α	This return/report is for:	single-employer plan								
В	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	year return/report (less than 12 mor	nths)					
_	Check box if filing under:	Form 5558	•	extension	-,	DFVC program	n			
C	Check box it filling under.	님		CALCHSION		☐ Di vo piogiai				
_	(U D : D) I C	special extension (enter description								
		rmation—enter all requested informa	ation		4.	T				
1a	Name of plan	Dwofit Chaming Dlan a	n al ⊞w	a+	1b	Three-digit plan number				
	JMK Bullaing Corp.	. Profit Sharing Plan a	na Tru	St		(PN)	002			
					10					
					<b>1c</b> Effective date of plan 08/01/1988					
2a	Plan sponsor's name and add	dress (employer, if for single-employer	plan)		2b	Employer Identifi				
	J.M.K. Building Co	dress (employer, if for single-employer orp.	p,			(EIN) 13-2840	0695			
					2c	Plan sponsor's te	elephone number			
	301 North Main Str	reet, Suite 1				(845) 634-8				
	Nan Cita			NY 10056 4054	2d	Business code (s 531390	ee instructions)			
32	New City Plan administrator's name and	d address (if same as Plan sponsor, e	nter "Same	NY 10956-4054	3h	Administrator's E	IN			
Ju	same	d address (if same as I fair sportsor, el	inter Garri	<i>=</i> )	35	Administrator s L	iii v			
					3с	Administrator's te	elephone number			
		plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan numb	per from the last return/report. Sponso	r's name		4c	DNI				
52	Total number of participants	at the beginning of the plan year								
	• •				5a					
	, ,	at the end of the plan year			<u>5b</u>					
С		with account balances as of the end of			5c		:			
62						-	X Yes □ No			
	•	during the plan year invested in eligible the annual examination and report of		,			M 163 M			
		(See instructions on waiver eligibility a					X Yes No			
	If you answered "No" to eit	ther 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Pa	art III   Financial Inforn	nation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Y <u>ear</u>			
а	Total plan assets		7a	2,485,78	2		1,694,16			
b	Total plan liabilities		7b		0		(			
С	Net plan assets (subtract line	7b from line 7a)	7c	2,485,78	2		1,694,16			
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount	(b) Total					
а				, ,		, , , ,				
	(1) Employers		8a(1)		0					
	(2) Participants		8a(2)							
	(3) Others (including rollover	rs)	8a(3)		╛					
b	Other income (loss)		8b	204,29	5					
С	Total income (add lines 8a(1)	), 8a(2), 8a(3), and 8b)	8c				204,295			
d		t rollovers and insurance premiums		000						
	to provide benefits)		. 8d	992,55	8					
е	Certain deemed and/or corre	ctive distributions (see instructions)	. 8e		_					
f	Administrative service provide	ers (salaries, fees, commissions)	8f							
g	Other expenses		8g	3,35	5					
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	8h		1		995,913			
i		ne 8h from line 8c)					(791,618)			
	` , , ,	see instructions)			0					
		,	1 01	İ	~ I					

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Page	<b>Z</b> -		

				_								
Par 9a		e plan provides pension benefits, enter the applicable pension feature	e codes from the	List of Plan Chara	cteris	tic Co	des in	the instructi	ons:	_		
b	2E 3D 3H  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		ring the plan year:				Yes	No		mount			
а	Was	s there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C			10a		Х					
b		re there any nonexempt transactions with any party-in-interest? (Do rine 10a.)			10b		Х					
С	Wa	as the plan covered by a fidelity bond?			10c	Х			3(	00,000		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity			10d		Х			,		
е	insu	re any fees or commissions paid to any brokers, agents, or other persurance service or other organization that provides some or all of the bructions.)	enefits under the	e plan? (See	10e		Х					
f	Has	s 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 ye	ar end.)		10g		Х					
_	If th	is is an individual account plan, was there a blackout period? (See in 0.101-3.)	nstructions and 2	9 CFR	10g 10h		X					
i	If 10	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	10i							
Part		Pension Funding Compliance										
11	Is th	nis a defined benefit plan subject to minimum funding requirements? (							Yes	∏ No		
12		his a defined contribution plan subject to the minimum funding require							Yes	X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	_		
а	If a v	waiver of the minimum funding standard for a prior year is being amo	ortized in this pla	n year, see instruc Mont	tions, h	and e	nter th Day	e date of the	∍ letter ru ∕ear	ling		
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (										
b	Ente	er the minimum required contribution for this plan year				L	12b	•				
С		er the amount contributed by the employer to the plan for this plan ye				L	1 <b>2</b> c					
d		tract the amount in line 12c from the amount in line 12b. Enter the re- ative amount)					12d					
		the minimum funding amount reported on line 12d be met by the fund	ding deadline?	***************************************				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan year	r or any prior yea	r?				T	X Yes	No		
		es," enter the amount of any plan assets that reverted to the employe	•				13a			0		
b	of th	re all the plan assets distributed to participants or beneficiaries, transfine PBGC?							Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from this ch assets or liabilities were transferred. (See instructions.)	s plan to <b>a</b> nother	plan(s), identify th	e plai	n(s) to						
1	3c(1	) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)			
Caut	ion: /	A penalty for the late or incomplete filing of this return/report wi	ill be assessed i	uniess reasonabl	e cau	se is	establ	ished.				
Unde SB o	r pen	nalties of perjury and other penalties set forth in the instructions, I dec edule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.	clare that I have	examined this retu	rn/rep	ort, in	cluding	g, if applicab				
SIG	, T	ver Mist		John Knutse	en J	Jr.						
HER					of individual signing as plan administrator							
SIG	1	7										
HER	_   .	Signature of employer/plan sponsor Da	ate	Enter name of in	dividu	ıal sig	ning as	s employer o	r plan sp	onsor		
	$\frac{V}{l}$		-							-		