# 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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

P	art I	Annual Report	Identification Information							
For	calenda	ar plan year 2010 or fis	scal plan year beginning 01/01/2010	0	and ending	2/31/2	2010			
Α	This retu	urn/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
_		urn/report is for:	first return/report	final retur	n/report					
_	THIS TELL	um/report is ior.	an amended return/report		year return/report (less than 12 mo	nthe)				
_				•		111115)	П			
C Check box if filing under:							DFVC program			
			special extension (enter description	on)						
Pa	art II	Basic Plan Info	rmation—enter all requested information	ation						
	Name of					1b	Three-digit			
CAIN	N ASSET	T MANAGEMENT COF	RP PROFIT SHARING PLAN & TRUS	Т			plan number 001			
			10	(PN)						
						16	Effective date of plan 01/01/1994			
2a	Plan sn	nonsor's name and add	dress (employer, if for single-employer	nlan)		2h	Employer Identification Number			
		T MANAGEMENT COF	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piarij			(EIN) 11-2878101			
						2c	Plan sponsor's telephone number			
		F THE AMERICAS 7T , NY 10020	HFL				212-385-9144			
		,				2d	Business code (see instructions) 523900			
32	Plan ac	dministrator's name an	ad address (if same as Plan spensor of	ntor "Same	5"\	3h	Administrator's EIN			
CAIN	N ASSET	Plan administrator's name and address (if same as Plan sponsor, enter "Same") ASSET MANAGEMENT CORP. 1230 AVE OF THE AMERICAS 7TH FL				36	11-2878101			
		NEW YORK, NY 10020				3с	Administrator's telephone number			
							212-385-9144			
			plan sponsor has changed since the last per from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	name, c	ziin, and the plan numt	ber from the last return/report. Sponso	or s name		4c	PN			
5a	Total n	number of participants	at the beginning of the plan year			5a	2			
			at the end of the plan year			5b	0			
			with account balances as of the end of			30				
·					•	5c	0			
6a	Were	all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
	<b>b</b> 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.)									
			ther 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	art III	Financial Inforn	nation			1				
7	Plan A	Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year			
а	Total p	olan assets		. 7a	27154		0			
				. 7b		0	0			
С	Net pla	an assets (subtract line	e 7b from line 7a)	7c	27154	5	0			
8	Income	e, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total			
а		butions received or rec		0-41						
				8a(1)		_				
	` ,	•		8a(2)						
	` '	` •	rs)	8a(3)	2000	_				
b				. 8b	2098	1	20004			
C			), 8a(2), 8a(3), and 8b)	8c			20981			
d			ct rollovers and insurance premiums	. 8d	292520	6				
_	•	,								
e f			ective distributions (see instructions)	. 8e		_				
† ~		•	lers (salaries, fees, commissions)	. 8f		-				
g		•		. 8g			292526			
h		•	d, 8e, 8f, and 8g)	. 8h			-271545			
į			ne 8h from line 8c)				-2/1545			
	Transf	ers to (from) the plan (	(see instructions)	8j						

	F	form 5500-SF 2010 Page <b>2-</b>	]					
Par	t IV	Plan Characteristics						
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	Characteris	tic Co	des in	the instruct	ions:	
h		2F 2G 2R 3D 3H plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	`haractaric	tic Coc	tos in t	ho instructi	one:	
D	ii tiile	plan provides wellare benefits, effer the applicable wellare feature codes from the List of Fian C	maraciens	110 000	ues iii t	ne msnacm	Jilo.	
art	: <b>V</b>	Compliance Questions						
0	Durir	ng the plan year:		Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions repor ne 10a.)			X			
С	Was	s the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?			X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)			X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance	•					
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ction 3	302 of I	ERISA?	Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir ting the waiver					e letter ru Year	
lf :	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day.			
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	e left of a		12d			
е	Will t	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	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
-								

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

Yes No

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

#### 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	Filed with authorized/valid electronic signature.	07/20/2011	MONICA SPICKER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For		01/01/2	010	and ending		12/31/201	L 0		
A	This return/report is for: X single-employer plan								
В	B This return/report is for: ☐ first return/report								
	an amended return/report	short plar	n year return/i	eport (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	automatic	extension			☐ DFVC progra	ım		
	special extension (enter descript	tion)							
Pa	rt II Basic Plan Information—enter all requested inform	mation							
1a	Name of plan				1b	Three-digit			
	Caın Asset Management Corp Profit Shari	ng Plan	&			plan number	0.01		
	Trust				10	(PN)	001		
					15	Effective date o 01/01/1994			
2a	Plan sponsor's name and address (employer, if for single-employe Cain Asset Management Corp.	er plan)			2b	Employer Identi	fication Number		
	Cain Asset Management Corp.				_	(EIN) 11-287			
					2c	Plan sponsor's t	telephone number 9144		
	1230 Ave of the Americas 7th Fl				2d		see instructions)		
	New York		NY	10020		523900			
	Plan administrator's name and address (if same as Plan sponsor, same	enter "Sam	e")		3b	Administrator's	EIN		
	Same				30	Administrator's	telephone number		
						, tallimetrates e telephone train			
	the name and/or EIN of the plan sponsor has changed since the I		port filed for t	his plan, enter the	4b	4b EIN			
ı	name, EIN, and the plan number from the last return/report. Spons	sor's name			4c	4c PN			
5a	Total number of participants at the beginning of the plan year				5a		2		
b	Total number of participants at the end of the plan year	,			5b		(		
С	Total number of participants with account balances as of the end	of the plan y	ear (defined	benefit plans do not					
	complete this item)				_5c				
	Were all of the plan's assets during the plan year invested in eligi						X Yes No		
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility			· ·	JPA)		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use				500.	1861			
Pa	rt III Financial Information	-	T						
7	Plan Assets and Liabilities		(a) E	Beginning of Year		(b) End	of Year		
а	Total plan assets	7a		271,5					
b	Total plan liabilities	7b			0		(		
c	Net plan assets (subtract line 7b from line 7a)	7c		271,5	45		(		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) 1	Гotal		
а	Contributions received or receivable from:  (1) Employers	8a(1)							
	(2) Participants								
	(3) Others (including rollovers)								
b	Other income (loss)			20,9	81				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						20,981		
d	Benefits paid (including direct rollovers and insurance premiums			202 5	3.6				
	to provide benefits)			292,5	46				
e	Certain deemed and/or corrective distributions (see instructions).				_				
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses	_				, <del>, .</del>	292,526		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u> </u>			-		(271,545)		
i	Net income (loss) (subtract line 8h from line 8c)	1					(2/1,545)		
	Transiers to thom, the pidii (See Instructions)	···∣ Ri	1		1				

		Form 5500-SF 2010 Page <b>2-</b>						
Par	+ 1\/	Plan Characteristics						
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chair 2E 2F 2G 2R 3D 3H	acteri	stic Co	odes in t	the instruc	tions:	
b	If the	e plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Char	acteris	tic Co	des in ti	ne instruct	ions:	
Part	· V	Compliance Questions						
10	Dui	ring the plan year:		Yes	No		Amount	
а	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х			
С	Wa	as the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the beriefits uniter the plan? (See tructions.)	10e	ļ ļ	Х			
f		s the plan failed to provide any benefit when due under the plan?	10f	<b>†</b>	X		· · ·	
		I the plan have any participant loans? (If "Yes." enter amount as of year end.)	1					
g h	lf th	nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10g		X			
i	If 1	Oh 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					
Part	VI	Pension Funding Compliance			•			
11	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and cor (10))	nplete	Sched	dule SB	(Form	Yes	☐ No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of E	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below as applicable.)						
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	ictions nth	, and	enter the Day	e date of t	he letter ru Year	ıling
lf	gra vou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Duy .		, cui	
b	-	er the minimum required contribution for this plan year			12b			
С		er the amount contributed by the employer to the plan for this plan year		- 1	12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d			
е	Wil	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	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	undei	the c	ontrol		X Yes	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	an(s) to	· · · · · · · · · · · · · · · · · · ·			
	1 <b>3</b> c(1	1) Name of plan(s):		13	sc(2) Ell	N(s)	13c(3	) PN(s)
						·		
			-					

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	Barrier Land	7/10/10	Monica Spicker				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				