Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

					Inspection	10110			
Part I	Annual Report Identif								
For cale	For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011								
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or					
		a single-employer plan;	a DFE (s	pecify)					
B This	return/report is:	the first return/report;	the final r	eturn/report;					
	·	an amended return/report;	a short p	an year return/report (less th	an 12 months).				
C If the	plan is a collectively-bargained	plan, check here							
		☐ Form 5558:	_	c extension;	the DFVC program;				
D Chec	k box if filing under:			S extension,	I the bi vo program,				
_		special extension (enter des	· /						
Part		tion—enter all requested informa	ation		T 44	ı			
	ne of plan	C DDOCIT CHADING DI AN AND	TDUCT		1b Three-digit plan number (PN) ▶	001			
DEJULIC	J S ARIVIY & NAVY STORE, INC	C. PROFIT SHARING PLAN AND	IRUSI		1c Effective date of pla	ı an			
					02/01/1991				
		employer, if for a single-employer	plan)		2b Employer Identification				
	ress should include room or suite				Number (EIN)				
DEJULIO	O S ARMY & NAVY STORE, INC	D.			16-0872462				
					2c Sponsor's telephone number				
000 5115	SMET AMENUE				315-479-8171				
	RNET AVENUE JSE, NY 13203-2404		NET AVENUE SE, NY 13203-2404		2d Business code (see				
			01101000E, N1 10200 E101		instructions)				
					448140				
Caution	: A penalty for the late or inco	mplete filing of this return/repor	t will be assessed	unless reasonable cause is	s established.				
Under pe	enalties of perjury and other pena	alties set forth in the instructions, I	declare that I have	examined this return/report, i	ncluding accompanying sche	dules,			
statemer	nts and attachments, as well as t	the electronic version of this return	/report, and to the b	est of my knowledge and bel	ief, it is true, correct, and com	nplete.			
SIGN	Filed with authorized/valid electr	onic signature.	07/27/2011	RICHARD DEJULIO					
HERE	Signature of plan administra	tor	Date	Enter name of individual signing as plan administrator					
SIGN HERE	Filed with authorized/valid electr	ronic signature.	07/27/2011	RICHARD DEJULIO					
TILIXE	Signature of employer/plan s	sponsor	Date	Enter name of individual si	gning as employer or plan sp	onsor			
SIGN	1		1	1					

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San JULIO S ARMY & NAVY STORE, INC.	ne")		dministrator's EIN
	BBURNET AVENUE RACUSE, NY 13203-2404		nu	Iministrator's telephone Imber 5-479-8171
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	6
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
а	Active participants		. 6a	5
b	Retired or separated participants receiving benefits		. 6b	
С	Other retired or separated participants entitled to future benefits		. 6c	1
d	Subtotal. Add lines 6a , 6b , and 6c		. 6d	6
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	
f	Total. Add lines 6d and 6e	. 6f	6	
g	Number of participants with account balances as of the end of the plan year complete this item)	. 6g	5	
h	Number of participants that terminated employment during the plan year with less than 100% vested	. 6h		
7	Enter the total number of employers obligated to contribute to the plan (only		7	
	If the plan provides pension benefits, enter the applicable pension feature concept and the plan provides welfare benefits, enter the applicable welfare feature code and the plan provides welfare benefits, enter the applicable welfare feature code.			
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all th (1) Insurance (2) Code section 412(e)(3) (3) X Trust (4) General assets of the s	insurano	ce contracts
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) H (Financial Inform (2) I (Financial Inform (3) A (Insurance Inform (4) C (Service Provid (5) D (DFE/Participat	mation) nation – rmation) er Inform ing Plan	Small Plan) nation) Information)
	Information) - signed by the plan actuary	(6) G (Financial Tran	saction S	ocnedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

	inopositori
For calendar plan year 2010 or fiscal plan year beginning 02/01/2010	and ending 01/31/2011
A Name of plan DEJULIO S ARMY & NAVY STORE, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
DEJULIO S ARMY & NAVY STORE, INC.	16-0872462
	•

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	606826	720025
b	Total plan liabilities	. 1b	0	
С	Net plan assets (subtract line 1b from line 1a)	1c	606826	720025
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	116905	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		116905
е	Benefits paid (including direct rollovers)	. 2e	11	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	. 2h		
i	Other expenses	. 2i	3695	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		3706
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		113199
I	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

	Schedule I (Form 5500) 2010 Page 2-			_	
	r		Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	
Pá	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
е	Was the plan covered by a fidelity bond?	4e	X		75000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	es 🛚 l	10	Amount:
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to v	which assets or liabilities were

 5b(1) Name of plan(s)
 5b(2) EIN(s)
 5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

	· · · · · · · · · · · · · · · · · · ·				
For	calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and	ending 01/3	31/2011	T	
	Name of plan ULIO S ARMY & NAVY STORE, INC. PROFIT SHARING PLAN AND TRUST	B Three-di plan nu (PN)	•	001	
	Plan sponsor's name as shown on line 2a of Form 5500 ULIO S ARMY & NAVY STORE, INC.	D Employe		ation Number (EIN	۷)
_					
_	art I Distributions				
_	references to distributions relate only to payments of benefits during the plan year.				
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1		
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries durpayors who paid the greatest dollar amounts of benefits):	ring the year (if	more than	two, enter EINs	of the two
	EIN(s):				
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.				
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during th year.	•	3		
Р	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section of 41	2 of the In	ernal Revenue C	ode or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Yes	No	N/A
	If the plan is a defined benefit plan, go to line 8.			_	
5	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 ruling letter granting the waiver. Date: Mor	nth	Day	Year	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	mainder of this	s schedul	e.	
6	a Enter the minimum required contribution for this plan year	6	а		
	b Enter the amount contributed by the employer to the plan for this plan year	6	b		
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6	ic		
	If you completed line 6c, skip lines 8 and 9.		l .		
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?		Yes	No	N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure pro automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator with the change?	agree	Yes	No	N/A
Pa	art III Amendments				
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	ease D	ecrease	Both	☐ No
Pa	PATE IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 skip this Part.	(e)(7) of the Inte	ernal Reve	nue Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay any exempt l	oan?	Yes	No
11	a Does the ESOP hold any preferred stock?			Yes	No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a '(See instructions for definition of "back-to-back" loan.)			Yes	_ No
	(Goo mondono for dominator of back to back found)				

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Schedule R (Form 5500) 2010

Par	t V	V Additional Information for Multiemployer Defined Benefit Pension Plans									
13	Ente	er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in									
		ollars). See instructions. Complete as many entries as needed to report all applicable employers.									
	a	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)									
		(1) Contribution rate (in dollars and cents)									
	a	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	a	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	a	Name of contributing employer									
	b b	EIN C Dollar amount contributed by employer									
,	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
1	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	a	Name of contributing amplayor									
	a b	Name of contributing employer EIN C Dollar amount contributed by employer									
	<u>บ</u> d										
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	_	No contribution and con									
	a b	Name of contributing employer EIN C Dollar amount contributed by employer									
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box									
,	e	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									

Page .

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:							
	a The current year	14a						
	b The plan year immediately preceding the current plan year	14b						
	C The second preceding plan year	14c						
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an						
	a The corresponding number for the plan year immediately preceding the current plan year	15a						
	b The corresponding number for the second preceding plan year	15b						
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:							
	a Enter the number of employers who withdrew during the preceding plan year	16a						
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b						
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, cl supplemental information to be included as an attachment.		· •					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pensi	on Plans					
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment							
19	If the total number of participants is 1,000 or more, complete items (a) through (c)							
	a Enter the percentage of plan assets held as:							
	Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Othe	er:%					
	b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-2	21 vears	21 years or more					
	What duration measure was used to calculate item 19(b)?	i yours	L 21 yours or more					
	Effective duration Macaulay duration Modified duration Other (specify):							

5500 Electronic Filing Authorization

Plan Name:

DeJulio's Army & Navy Store, Inc. Profit Sharing Plan And Trust

EIN/PN:

16-0872462/001

Plan Year:

02/01/2010 - 01/31/2011

I hereby authorize Anthony S. Asterino, CPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sian)

7-27-11

(date)

Plan Sponsor

(sign)

7.27-11

(date)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Part Annual Report Identification Information								
For	the cal	endar plan year 201	0 or fiscal plan year beginning 02	/01/2010	and ending 01/31	/2011		
A	This retu	m/report is for:	a multiemployer plan;		a multiple-employer	olan; or		
			🕱 a single-employer plan:		a DFE (specify)			
					_			
В .	This retu	rn/report is:	the first return/report;		the final return/report	•		
			an amended return/report;		a short plan year retu	rn/report (less than 12 months).		
C	If the pla	n is a collectively-bar	gained plan, check here					
D	Check b	ox if filing under:	Form 5558;		automatic extension;	The DFVC program:		
		· ·	special extension (enter description	on)		and an a program,		
P	art II	Basic Plan Info	rmation enter all requested in		······································			
1a		of plan				1b Three-digit plan		
		•	avy Store, Inc. Profit Sha	ring Plan And	Trust	number (PN) ► 001		
				y 		1c Effective date of plan		
						02/01/1991		
2a	Plan s	ponsor's name and a	ddress (employer, if for a single-emplo	yer plan)		2b Employer Identification		
	(Addre	ess should include roo	om or suite no.)			Number (EIN)		
	рели	LIO'S ARMY & NA	AVY STORE, INC.			16-0872462		
						2c Sponsor's telephone		
						number		
						(315) 479-8171		
	666	BURNET AVENUE				2d Business code (see		
						instructions)		
	US S	YRACUSE	NY 13203-2404			448140		
Cau	tion: A	cenalty for the late of	r incomplete filing of this return/rep	ort will be assessed	uniess reasonable cause is	established.		
			er penalties set forth in the instructions					
state	ements a	and attachments, as w	rell as the electronic version of this retu	irn/report, and to the	best of my knowledge and bel	ief, it is true, correct, and complete.		
	IGN		$\mathcal{O} \mathcal{O}$	2-2-1				
	ERE		1-1-1	7.27-11	Richard DeJulio, P.	lan Administrator		
(Carrie	(Carrell	Şigmaturə of plan ad	ministrator	Date	Enter name of individual sig	ning as plan administrator		
Š	IGN		A Stora					
H	ERE _	/ /al		7.27-11	Richard DeJulio, En	nployer		
		Signature of employ	er/plan sponsor	Dale	Enter name of individual sig	ning as employer or plan sponsor		
S	GN							
H	ERE _							
		Signature of DFE		Date	Enter name of individual sig	ning as DFE		

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 3a	Plan administrator's name and address (if same as plan sponsor, enter "Same")		3b Administrator's EIN			
	Same			dministrator's telephone umber		
			2			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report file the plan number from the last return/report:	d for this plan, enter the name, EIN	and	4b EIN		
а	Sponsor's name			4c PN		
5	Total number of participants at the beginning of the plan year		5	6		
6	Number of participants as of the end of the plan year (welfare plans complete only lines					
а	Active participants		6a	5		
b	Retired or separated participants receiving benefits		6b			
С	Other retired or separated participants entitled to future benefits		6c	1		
d	Subtotal. Add lines 6a, 6b and 6c		6d	6		
8	Deceased participants whose beneficiaries are receiving or are entitled to receive bene	efits	6e			
f	Total. Add lines 6d and 6e		6f	6		
g	Number of participants with account balances as of the end of the plan year (only defin complete this item)	ed contribution plans	6g	5		
h	Number of participants that terminated employment during the plan year with accrued to 100% vested					
7	Enter the total number of employers obligated to contribute to the plan (only multiemplo	oyer complete this item)	7			
8a	If the plan provides pension benefits, enter the applicable pension feature codes from	the List of Plan Characteristic Code	es in th	ne instructions:		
	2E 3D					
ŀ	If the plan provides welfare benefits, enter the applicable welfare feature codes from t	he List of Plan Characteristic Codes	s in the	e instructions:		
9a	Plan funding arrangement (check all that apply) 9b Pla	n benefit arrangement (check all tha	at appl	y)		
-	(1) Insurance (1)	Insurance				
	(2) Code section 412(e)(3) insurance contracts (2)	Code section 412(e)(3) insurar	nce co	ntracts		
	(3) X Trust (3)	X Trust				
	(4) General assets of the sponsor (4)	General assets of the sponsor				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached,	and, where indicated, enter the num	nber at	tached. (See instructions)		
а	Pension Schedules b Ge	neral Schedules				
	(1) R (Retirement Plan Information) (1)	H (Financial Informa	ation)			
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money (2)	I (Financial Informa	ation -	Small Plan)		
	Purchase Plan Actuarial Information) - signed by the plan (3)					
	actuary (4)			*		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial (5)					
	Information) - signed by the plan actuary (6)	G (Financial Transa	ction	information)		

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Sponsor Location Information

Sponsor name:

DEJULIO'S ARMY & NAVY STORE, INC.

Sponsor DBA name: Sponsor care of name:

666 Burnet Avenue

US Syracuse

NY 13203-2404

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Financial Information - Small Plan

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

OMB No. 1210-0110

2010

	ILIGHTAL REVENUE SELVICE		(/-				
	Dopartment of Labor ployee Benefits Security Administration	► File as an attach	nment to For	m 5500.			T	his Form Is Open to Public Inspection.
	Pension Benefit Guaranty Corporation	00/01/0010		and and	ina Oi	1/31/2011	<u> </u>	
	calendar plan year 2010 or fiscal plan	year beginning 02/01/2010		and end	-Y		•	T
	Name of plan			_ •		hree-digit		001
	DeJulio's Army & Navy Sto	re, Inc. Profit Sharing Pla	an And Tru	St	P	lan number		001
					- -		-16	tion Number (FIN)
С	Plan sponsor's name as shown on lin	e 2a of Form 5500			1			tion Number (EIN)
	DEJULIO'S ARMY & NAVY STO					.6-087246		
Compl small i	lete Schedule I if the plan covered few plan under the 80-120 participant rule	ver than 100 participants as of the begin (see instructions). Complete Schedule I	ning of the plac If reporting a	n year. You s a large pla	may als an or DF	o complete \$ E.	sched	ule I if you are filing as a
	rt Small Plan Financial			-				
assets benefi	beld in more than one trust. Do not e	d liabilities, income, expenses, transfers inter the value of the portion of an insura and expenses of the plan including any the the nearest dollar.	ince contract th	nat guarant	ees durir	ng this plan y	ear to	pay a specific dollar ments/receipts to/from
1	Plan Assets and Liabilities:			(a) Begir	ning of \		(b) End of Year
а	Total plan assets		. <u>1a</u>			606,826		720,025
b	Total plan liabilities		. <u>1b</u>			0	<u> </u>	
C	Net plan assets (subtract line 1b from	m line 1a)	. 1c			606,826	<u> </u>	720,025
2	Income, Expenses, and Transfe	ers for this Plan Year:		(a) Ar	nount			(b) Total
а	Contributions received or receivable			100	Sq. 6]	
-	= = : : : :		. 2a(1)]	
	* * * * *							
	(3) Others (including rollovers)		. 2a(3)]	
b		,	. 2b]	
C	Other income	,	. 2c			116,905		·
d	Total income (add lines 2a(1), 2a(2),		. 2d					116,905
e	Benefits paid (including direct rollove		. 2e			11		
f	Corrective distributions (see instructi	/	. 2f				1	• •
	Certain deemed distributions of part						1	•
g			. 2g	1			1	
h		laries, fees, and commissions)					1	
:						3,695	1	
		, 2h and 2i)			jergjása h		1	3,706
J		om line 2d)		┪ :				113,199
, r			21	1			\vdash	
<u> </u>	Transfers to (from) the plan (see ins	tructions)		nories check	("Yes" ar	d enter the cu	rrent v	alue of any assets
3	remaining in the plan as of the end of the	is at anytime during the plan year in any or in e plan year. Allocate the value of the plan's in of the specific exceptions described in the in	iterest in a comn	ningled trust	containing	g the assets o	f more	than one plan on a line-
					T	es No		Amount
9	Partnershin/inint venture interests			[3a	х		
a b	Employer real nonerty			1-	3b	х		
	Real estate (other than employer real	al property)			3c	х		
•	Lical estate former man curbiolici iei	militarianis) , , , , , , , , , , , , , , , , , , ,	· · · · · ·	· I		-		·

d Employer securities

			Yes	No	Ап	nount	
3f	Loans (other than to participants)	3f		х			
g	Tangible personal property	3g		х			
. 51.222							
art I			Yes	No			
4	During the plan year:	100	105	NO	An	nount	E' North
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	4a	See See 11 - 1	X			f()
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan						
	year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance	4b	Second V	х			LAN
C	Were any leases to which the plan was a party in default or classified during the year as			11.5557 11.55111			
	uncollectible?	4c	CO 12000	х		mederal del de	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	4d	e. 300.0	x			
	reported on line 4a.)	4u	х	┢┷	 		75
е	Was the plan covered by a fidelity bond?				P 350. 3	garan 23	ر. ابت ج
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			\$1. 174
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		x			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		x	or allesia.	li wax	Lyj
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<u>4j</u>		x			
k	Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on walver eligibility and conditions.)	4k	x				
ı	Has the plan falled to provide any benefit when due under the plan?	41		х			4-20
m	If this is an Individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	4m		x			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	1 411			* *** 2.5 A *** ()		
Ja	If "Yes," enter the amount of any plan assets that reverted to the employer this year	es 🛭	No	Amoun	t:		
		_					
5b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident	ify the	plan(s) to	which a	ssets or liat	ilities wer	e
	transferred. (See instructions.)		L/0\	=10.1 ()		EL/AL	51 **
	5b(1) Name of plan(s)	 5	b(2)	EIN(s)		5b(3)	PN(s
		 					
		1					

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Retirement Plan Information

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

OMB No. 1210-0110

2010

	Employee Benefits Security Administration	File as an Attachment	to Form 5500.				Ti	his Form Is O	
	Pension Benefit Guaranty Corporation					Inspec	tion.		
Fo	For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011								
Α	Name of plan			В	Thre	e-digit			
					plan	number			
De	Julio's Army & Navy Store,	Inc. Profit Sharing Plan And T	!rust		(PN)	•			001
	•	-			1.86			TENTAL TOTAL	
C	Plan sponsor's name as shown on line	e 2a of Form 5500		D	Emp	lover Ide	ntificat	ion Number (EIN)
	JULIO'S ARMY & NAVY STORE,				-	087246		,	•
_	irt Distributions		·····	·					
		ly to payments of benefits during the plan y	ear.						·····
_		perty other than in cash or the forms of propert						.,	
1	instructions	perty other than in cash of the forms of propert	y specified in the		_	1 1			
_			handalada dada			<u> </u>			-646 6
2	payors who paid the greatest dollar a	benefits on behalf of the plan to participants or	beneficiaries during	tne y	ear (I	r more tr	ап (wc	o, enter Elins	of the two
	00 0050077	nounts of beneats).							
	EIN(s): 22-3250877								
	Profit-sharing plans, ESOPs, and st	tock bonus plans, skip line 3.							
3	Number of participants (living or dece	ased) whose benefits were distributed in a sing	le sum, during the pl	an					
•					•	3			
Ď	art II Funding Information	(If the plan is not subject to the minimum fundi	na requirements of s	ectio	n 412	of the Ir	iternal	Revenue Co	de or
	ERISA section 302, skip this								
4	Is the plan administrator making an el	ection under Code section 412(d)(2) or ERISA	section 302(d)(2)?				Yes	☐ No	☐ N/A
-	if the plan is a defined benefit plan,								
5		andard for a prior year is being amortized in this				_	_		
		he date of the ruling letter granting the waiver.	Date:		Mon			ay Ye	ear
		nes 3, 9, and 10 of Schedule MB and do not	complete the remai	nder	of th		<u>lule.</u> I		
6	a Enter the minimum required contr	ibution for this plan year			•	6a			
	b Enter the amount contributed by t	he employer to the plan for this plan year			•	6b			
		m the amount in line 6a. Enter the result				<u> </u>	1		
	(enter a minus sign to the left of a	negative amount)			•	6c			
	If you completed line 6c, skip lines	8 and 9.							
7	Will the minimum funding amount rep	orted on line 6c be met by the funding deadline	?				Yes	☐ No	☐ N/A
8	If a change in actuarial cost method v	as made for this plan year pursuant to a reven	ue procedure providi	ng					
	automatic approval for the change or	a class ruling letter, does the plan sponsor or p	lan administrator agr	ee					
	with the change?			• •	•	Ш	Yes	∐ No	☐ N/A
P	art III Amendments								
9		n, were any amendments adopted during this p	lan .						
J	veer that increased or decreased the	value of benefits? If yes, check the appropriate	nai i						
	boxe(es). If no, check the "No" box	· · · · · · · · · · · · · · · · · · ·		ease	, r	Decre	ase	☐ Both	☐ No
T Di). If this is not a plan described under Section 4		of the	Inter	nal Paye	nue C	ode	
F-1	skip this Part.	j. II tilis is not a plan described under Section 4		, are			ilue O	<u>.</u>	
10		or proceeds from the sale of unallocated secu	rities used to repay a	ny e	xemp	t loan?		. 🔲 Yes	□ No
	a Does the ESOP hold any preferre							. Tes	□ No
	• •	kempt loan with the employer as lender, is such	loan part of a "back	-to-b	ack" l	oan?		— ☐ Yes	☐ No
	(See instructions for definition of	'back-to-back" loan.)						<u>=</u>	
12	Done the ESOR hold any stock that is	not readily tradable on an established securiti	es market?					. Yes	□ No

Page	2-	

P	art \	Additional Information for Multiemployer Defined Benefit Pension Plans					
13	Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.						
	a	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	_ <u>a</u> _	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	a	Name of contributing employer					
_	b	EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (if employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	Contribution rate information(if more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					

	Schedule R (Form 5500) 2010 Page 3		
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the partipant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	ו	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16			
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check supplemental information to be included as an attachment.	box and	see instructions regarding
Pε	art VI Additional Information for Single-Employer and Multiemployer Defined Bene	fit Pe	nsion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of end of the plan year consist (in whole or in par and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instru- information to be included as an attachment	t) of liabi ctions re	lities to such participants garding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt: % High-Yield Debt: % Real Estate:		_ % Other:%
	b Provide the average duration of the combined investment-grade and high-yeild debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-2	1 years	21 years or more

© What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):