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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500	O-SF.	
Pa	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
Α -	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
	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)	
C	Check box if filing under:	automatic	extension		DFVC program
_		on) DISAS	STER RELIEF - 10/31/11 DEADLINE		
Do					
	IRT II Basic Plan Information—enter all requested inform	nation	1	1h	Throo digit
	Name of plan ERT A. JARMAIN PROFIT SHARING PLAN			ID	Three-digit plan number
KUB	EKT A. JAKIMAIN PROFIT SHAKING PLAN				(PN) • 001
				1c	Effective date of plan
					04/01/1993
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number
R.A.J	. MANAGEMENT CORPORATION			20	(LIIV)
2 LAI	KE ROAD NORTH			20	Plan sponsor's telephone number 718-453-1500
GRE	AT NECK, NY 11020			2d	Business code (see instructions)
					531390
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN 11-2298658
K.A.	. MANAGEMENT CORPORATION 2 LAKE ROA GREAT NEC			2-	
				3C	Administrator's telephone number 718-453-1500
4 1	the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Spons		' '		
				4c	
5a	Total number of participants at the beginning of the plan year			5a	1
b	Total number of participants at the end of the plan year			5b	1
С	Total number of participants with account balances as of the end complete this item)		•	5c	1
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No
	Are you claiming a waiver of the annual examination and report of		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	423268	3	452467
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	423268	3	452467
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		, ,		· · · · · · · · · · · · · · · · · · ·
	(1) Employers	8a(1)	0	Ц	
	(2) Participants	8a(2)		_	
	(3) Others (including rollovers)	8a(3)		_	
b	Other income (loss)	8b	29199		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			29199
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)				
f	Administrative service providers (salaries, fees, commissions)				
	Other expenses				
g h	•				0
:	Total expenses (add lines 8d, 8e, 8f, and 8g)				29199
;	Net income (loss) (subtract line 8h from line 8c)				
j	Transfers to (from) the plan (see instructions)	8i			

Form 5500-SF 2010 Page 2-	
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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
а	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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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 comp 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?	. [Yes	X No
а	(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 instruct granting the waiver. Montl							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
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				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	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>				Yes	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 u of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s)
			_					_
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
ВВ о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/res, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/31/2011	ROBERT A. JARMAIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/31/2011	ROBERT A. JARMAIN
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 !"#\$ %\&)'*+, 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

	Part I Annual Report Identification Information	01/01/20	010 and anding		12/31/2010	
		01/01/20				
Α	This return/report is for:	multiple-er	mployer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	final return	n/report			
	an amended return/report	short plan	year return/report (less than 12 m	onths)		
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program	
	X special extension (enter descripti	on)Disas	ter Relief - 10/31/1	1 De	adline	
Р	art II Basic Plan Information—enter all requested inform					
	Name of plan			1b	Three-digit	
	Robert A. Jarmain Profit Sharing Plan			1.000,000	plan number	
				_	(, , ,	01
				10	Effective date of plan 04/01/1993	
2a	Plan sponsor's name and address (employer if for single-employer	r plan)		2h	Employer Identification Nu	mher
	Plan sponsor's name and address (employer, if for single-employer R.A.J. Management Corporation	pian)			(EIN) 11-2298658	
				2c	Plan sponsor's telephone	number
	2 Lake Road North				(718) 453-1500	
	Const. Nach		NY 11000	2d	Business code (see instruction 531390	ctions)
3a	Great Neck Plan administrator's name and address (if same as Plan sponsor, e	enter "Same"	NY 11020	3h	Administrator's EIN	
- Cu	Same	inor came	,			
				3c	Administrator's telephone	number
	The file of the second		and Clark Continued and an allow the	-		
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor		ort filed for this plan, enter the	40	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		1
	Total and beautisin and at the end of the plantage					
b	Total number of participants at the end of the plan year			5b		1
b	Total number of participants at the end of the plan year			5b		
c		f the plan ye	ear (defined benefit plans do not	_		1
c 6a	Total number of participants with account balances as of the end o complete this item)	f the plan ye	ear (defined benefit plans do not See instructions.)	5c	X Yes	1
c 6a	Total number of participants with account balances as of the end o complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	f the plan ye	ear (defined benefit plans do not See instructions.)	5c		1
c 6a	Total number of participants with account balances as of the end o complete this item)	ole assets? (if an independent condition	See instructions.)	5c		1
6a b	Total number of participants with account balances as of the end o complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of	ole assets? (if an independent condition	See instructions.)	5c		1
6a b	Total number of participants with account balances as of the end o complete this item)	ole assets? (if an independent condition	See instructions.) dent qualified public accountant (lons.) F and must instead use Form 58	5c	X Yes	1
6a b	Total number of participants with account balances as of the end o complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	f the plan ye ble assets? (if an independent condition orm 5500-S	See instructions.)	5c 5c 2PA) 500.	(b) End of Year	1
6a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either 6a or 6b, the plan cannot use Foot the plan c	f the plan ye ple assets? (if an independent condition orm 5500-S	See instructions.)	5c 5c 2PA) 500.	(b) End of Year	No No
6a b Pa 7 a b	Total number of participants with account balances as of the end o complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	f the plan ye le assets? (if an independent condition orm 5500-S	See instructions.)	5c	(b) End of Year	No No
6a b Pa 7 a b	Total number of participants with account balances as of the end o complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets	f the plan ye le assets? (if an independent condition orm 5500-S	See instructions.) See instructions.) dent qualified public accountant (ICons.) F and must instead use Form 58 (a) Beginning of Year 423, 26	5c	(b) End of Year	1 No No
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S	See instructions.) dent qualified public accountant (IGns.) F and must instead use Form 58 (a) Beginning of Year	5c	(b) End of Year	1 No No
C 6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	f the plan ye le assets? (if an independent condition orm 5500-S	See instructions.) See instructions.) dent qualified public accountant (ICons.) F and must instead use Form 58 (a) Beginning of Year 423, 26	5c	(b) End of Year	1 No No
C 6a b Pa 7 a b c 8	Total number of participants with account balances as of the end o complete this item)	f the plan ye ple assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1)	See instructions.) See instructions.) dent qualified public accountant (ICons.) F and must instead use Form 58 (a) Beginning of Year 423, 26	5c	(b) End of Year	1 No No
C 6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	f the plan ye ple assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1)	See instructions.)	5c	(b) End of Year	1 No No
C 6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2)	See instructions.) See instructions.) dent qualified public accountant (ICons.) F and must instead use Form 58 (a) Beginning of Year 423, 26	5c	(b) End of Year 4: (b) Total	1 No No 52,467
6a b Pa 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	f the plan ye ple assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No
C 6a b 7 a b c 8 a b	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467
C 6a b 7 a b c 8 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467
Pabc 8 a b c d	Total number of participants with account balances as of the end of complete this item)	f the plan ye ple assets? (if an independent condition orm 5500-S Ta Tb Tc 8a(1) 8a(2) 8a(3) 8b 8c 8d	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467
Pabc 8 a b c d	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467
C 6a b 7 a b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467
Pabc8abcdefg	Total number of participants with account balances as of the end of complete this item)	f the plan ye le assets? (if an independent condition orm 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	See instructions.)	5c	(b) End of Year 4: (b) Total	1 No No 52,467

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	Plan	Characte	ristics

9a If the plan provides penalon benefits, enter the applicable penalon feature codes from the List of Plan Characteristic Codes in the instructions:

2E 3D

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

10 a	Compliance Questions					
a	During the plan year:		Yes	No		Amount
	Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
Ь	Were there any nonexempt transactions with any party-in-interest ^a (Do not include transactions reported on line 10a.)	10b		х		
c	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10a		х		
0	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		1
:f	Has the plan failed to provide any benefit when due under the plan?	10f		χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	109		X		
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
İ	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	101				
1.6	Pension Funding Compliance)		111111111111111111111111111111111111111
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					
	(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 instructions granting the waiver					
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedula MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			126		
	Enter the amount contributed by the employer to the plan for this plan year			12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	10000	[_	120		
the White the	Will the minimum funding amount reported on line 12d be met by the funding deadline?			J	Yes	No 1
	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Yes X
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of					
b	of the PBGC?		he cor	itrol		Yes X
b c	of the PBGC?		he cor	itrol	:8	Yes X
b c	of the PBGC?		ihe cor	(2) E	N(a)	
b c	of the PBGC?		ihe cor		N(a)	
b c	of the PBGC?		ihe cor		N(a)	
b c	of the PBGC?		ihe cor		N(9)	
b c	of the PBGC?	e plar	(s) to	(2) EI		
b c 13	of the PBGC?	e plar	13c	(2) EI	ished.	13c(3) PN
Cautic Under SB or belief,	of the PBGC?	e plar e cau rn/rep	13c 13c se is e	(2) EI	ished.	13c(3) PN
Cautic Under SB or belief,	of the PBGC?	e plar	13c 13c se is e ort, inc and to	(2) El	ished. g, if appli pest of m	13c(3) PN
Cautic Under SB or belief,	of the PBGC?	e plar e cau e cau rn/rep report dividu	13c 13c se is early including and ichical number all sign	(2) El	ished. g, if appli pest of m	13c(3) PN
Cautic Under SB or belief,	of the PBGC?	e plar e cau rn/rep eporl Jarm dividu	13c 13c 13c and to and to all sign ain	stable stable the time at	ished. g. if appli peal of m	13c(3) PN cable, a Schedu y knowledge and