## 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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Part I   Annual Report Ider	ntification Information							
For	r calendar plan year 2010 or fiscal p	plan year beginning 01/01/20	10	and ending	12/31/2	2010			
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant 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 mo	onths)				
C	Check box if filing under:	Form 5558	i '	extension	,	DFVC program			
Ü		special extension (enter descripti	<u> </u>	o externolori					
D		` ` `	,						
	art II Basic Plan Informa Name of plan	tion—enter all requested inform	nation		1h	Three-digit			
	I. J. ENTERPRISES, INC				15	nlan number			
						(PN) • 001			
					1c	Effective date of plan			
						01/01/2010			
	Plan sponsor's name and address J. ENTERPRISES, INC	s (employer, if for single-employe	r plan)			Employer Identification Number (EIN) 13-3764527			
J. 14.	. S. ENTERT RIOLO, INO					Plan sponsor's telephone number			
	NORTH BROADWAY ITE PLAINS, NY 10603					914-761-6104			
VVIII	TTE PLAINS, NT 10003				2d	Business code (see instructions)			
22	Dian administrator's name and ad-	drace (if come so Dian energy	antar "Cama	2"\	2h	Administrator's EIN			
J. N.	Plan administrator's name and add J. J. ENTERPRISES, INC	873 NORTH	I BROADW	ΑΫ́	30	13-3764527			
		WHITE PLA	INS, NY 10	603	3с	Administrator's telephone number			
						914-761-6104			
4	4 If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso			port filed for this plan, enter the	4b	EIN			
	name, Lin, and the plan number in	on the last return report. Spons			4c PN				
5a	Total number of participants at the	e beginning of the plan year			5a	1			
b	<b>b</b> Total number of participants at the end of the plan year				5b	3			
С	C Total number of participants with account balances as of the end o			vear (defined benefit plans do not		4			
	complete this item)				5c	1			
	Were all of the plan's assets during			,		Yes   No			
b				ndent qualified public accountant (IC ions.)		X Yes No			
				SF and must instead use Form 55					
Pa	art III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a			8809			
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7b f	from line 7a)	7с		0	8809			
8	Income, Expenses, and Transfers	s for this Plan Year		(a) Amount		(b) Total			
а			0-(4)						
			8a(1)	815	0				
	(2) Participants		•	0.0	<u> </u>				
h	(3) Others (including rollovers)		` '	65	9				
b	,					8809			
c d	•	, , , , , , , , , , , , , , , , , , , ,	<u>8c</u>						
u	to provide benefits)		8d						
е									
f	Administrative service providers (	salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e,	8f, and 8g)				0			
i	Net income (loss) (subtract line 8h	h from line 8c)	8i			8809			

	F	Form 5500-SF 2010 Page <b>2-</b>				
Part	IV	Plan Characteristics				
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteris	stic Co	des in	the instructions:
		2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch.	aracteris	tic Cod	les in t	he instructions:
D	ii tiilo	plan provides wellare benefits, effect the applicable wellare realtire codes from the List of Flan On	aracteris	110 000	203 111 0	ine mandenona.
Part	٧	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 described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	1 <b>0b</b>		Χ	
С	Was	s the plan covered by a fidelity bond?	10c	Χ		1000
	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraushonesty?	10d		X	
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	100			
	insur	rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Χ	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
_		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iog		Χ	
		0.101-3.)	10h		^	
İ		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				
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c				
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction 3	802 of I	ERISA? Yes 🛚 No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver				
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			, .	
b	Ente	nter the minimum required contribution for this plan year				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c	
		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lo			12d	
	U	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
art '		Plan Terminations and Transfers of Assets				<u> </u>
		a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a	
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	ht under	the co		
	of the	e PBGC?				Yes  ^ No

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

**13c(3)** PN(s)

SIGN	Filed with authorized/valid electronic signature.	11/18/2011	B.V. CAVALLARO JR.					
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					

## J.N.J. ENTERPRISES, INC.

Office: 873 North Broadway • White Plains, NY 10603 914-761-6104 • Fax: 914-761-9869

October 31, 2011

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0073

Dear Madam or Sir:

This filing was delayed due to the following difficulties that were experienced with the electronic filing system used when trying to file timely:

- Unreliability of various network connections creating time-out and failed filing attempts.
- Unrecognizable 'schematic' errors preventing a successful e-filing.
- Inordinate number of Warning and Error messages and system failures associated with attachment processes complicating e-filing at all, let alone timely.

I have every intention of complying with reporting and disclosure rules. I believe that the late filing of this Form 5500 is the result of reasonable cause, not willful neglect. Since next year will be the second year of this new procedure, I do not anticipate the same issues in the future and the filings in the future will be timely. I would ask for abatement of the purposed late filing penalty.

Thank you,

JNJ Enterprises, Inc.

B.V. Cavallaro Jr.

			1745F	RF0				
	Form 5500-SF	Short Form Annual		Report of Small Emplo	yee	'	DMB Nos. 1210-0 1210-0	
	Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefi led under se	t <b>Plan</b> ections 104 and 4065 of the Employ	2010			
E	Department of Labor imployee Benefits Security Administration	Retirement Income Security	4 (ERISA), and section 6058(a) of the code (the Code).	This Form is Open to Public				
-	ension Benefit Gueranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 55	00-SF.	IIIs	hecrion	
		dentification Information						
For	calendar plan year 2010 or fisc		01/01/2	2010 and ending		12/31/201	.0	
A	This return/report is for:	single-employer plan	multiple	employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	☐ first return/report	final retu	m/report				
		an amended return/report	short pla	n year return/report (less than 12 m	onths)	_		
¢	Check box if filing under:	X Form 5558	automati	c extension		DFVC progra	ım	
		special extension (enter descrip	tion)					
P:	art II Basic Plan Infor	mation—enter all requested infon	mation		_			
1a	Name of plan	DC TNG			1b	Three-digit plan number		
	J. N. J. ENTERPRIS	ES, INC				(PN)	001	
					1c	Effective date o	f plan	
					<u> </u>	01/01/201		
2a	Plan sponsor's name and addr	ress (employer, if for single-employe ES, INC	er plan)		2b	Employer Identi (EIN) 13-376	fication Number 4527	
	O. N. O. ENIBRERIS	10, INC			20	Plan sponsors		<u></u>
	873 NORTH BROADWAY					(914)761-		
	0/3 NOKIR BROADWAI				2d	Business code	see instructions	;)
_	WHITE PLAINS	8		NY 10603	26	Administrator's	EIAI	
Зa	Plan administrator's name and SAME	l address (if same as Plan sponsor,	enter Sam	e <sup>-</sup> )	30	Administrator S	CIIA	
					3с	Administrator's	elephone numb	er
					ļ <u>.                                    </u>			
4		an sponsor has changed since the li er from the last return/report. Spons		eport filed for this plan, enter the	4b	EIN		
	maine, Eliv, and the plan number	er from the tast retainine port. Oport	ou o mame		4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a			
b	Total number of participants a	t the end of the plan year			5b			
c	Total number of participants v	vith account balances as of the end	of the plan	year (defined benefit plans do not	_	-		
							Ū Vaa □	NI.
6a		during the plan year invested in elig					X Yes [	140
b	under 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	o⊤an indepe yand condi	ingent quaimed public accountant (1	2FA)		X Yes	No
		her 6a or 6b, the plan cannot use						
Pa	art III Financial Inform	ation	Line a sec	<u> </u>				
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	of Year	_
a	Total plan assets		7a		_		8,	80
b	Total plan liabilities		<u>7b</u>					
C	Net plan assets (subtract line	7b from line 7a)	7с		0		8,	80
8	Income, Expenses, and Trans		7 37 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount	_	(p)	[otal	_
a	Contributions received or rece	eivable from:	8a(1)					
			8a(2)	8,1	50			
	(2) Participants	5)	8a(2)		$\dashv$			
b				6	59			
c	• •	, 8a(2), 8a(3), and 8b)					8,	80
d	Benefits paid (including direct	rollovers and insurance premiums	8d		]:-	• .		
e		tive distributions (see instructions).			<b>-</b>	1.5		
f		rs (salaries, fees, commissions)			7	tage to the		
g					7.:.	<u></u>	* 1	
h	•	8e, 8f, and 8g)	·	LANGE CONTRACTOR OF SECURITION	35			
i		ne 8h from line 8c)					8,	80
j		see instructions)						
	<u> </u>	d OMB Control Numbers, see the instruc			_		Form 5500-SF (2	0401

## 221745F9RF0

	Form 5500-SF 2010 Pag	ge 2						
Par	t IV Plan Characteristics	·						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the L	ist of Plan Charact	eristic (	odes in	the instru	ictions	:	
b	2E-2F-2G-2J-2K-3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the Li	ist of Plan Characte	ristic C	odes in	the instruc	ctions:		
Part	V Compliance Questions		-					
10	During the plan year:		Ye	s No		Amo	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period	od described in	1-					_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program	· —	Da	X	<u> </u>			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transact on line 10a.)		Ъ	Х				
C	Was the plan covered by a fidelity bond?	10	Oc X				1	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?		)d	х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurar							
	insurance service or other organization that provides some or all of the benefits under the instructions.)		De .	Х	<u></u>			
f	Has the plan failed to provide any benefit when due under the plan?	······ <u>1</u>	Of	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	)g	Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)		Dh	Х	7 w 1 1			9 <b>5</b> 6 4
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3		Oi		<u> </u>			111
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (If					. 🛮	Yes [	Νo
12	Is this a defined contribution plan subject to the minimum funding requirements of section						Yes [	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan	year, see instruction	ns, and	i enter ti	ne date of	the le	tter rulir	ng
15.	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	sicin to line 13.		_ Day		1 ea	'	
	Enter the minimum required contribution for this plan year			12b	Γ			
	Enter the amount contributed by the employer to the plan for this plan year			12c	<b>T</b>			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	s sign to the left of	а	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	40 📗	N/A
Part		<u> </u>						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year	?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				Γ			
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another portion PBGC?	plan, or brought une	der the	control			Yes	X No
¢	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	lan(s), identify the	plan(s)	to				
1	3c(1) Name of plan(s):			13c(2) E	IN(s)		13c(3) [	PN(s)
						┪		
				n ac+-!	liobs-			
	ion: A penalty for the late or incomplete filing of this return/report will be assessed un ar penalties of perjury and other penalties set forth in the instructions, I declare that I have ex					cable	a Schei	dule
SBo	er penantes or penjuly and winer penantes set forth in the matrodrons, recease that rinevelse r Schedule MB completed and signed by an enrolled actuary, as well as the electronic versi f, it is true, correct, and complete.	ion of this return/rep	oort, an	d to the	best of m	y knov	vledge a	ind
0.0	PND. 11-16-11	B.V. CAYAL	بالمار	Jr				
SIG	N	Enter name of indi			s plan ad	ministr	ator	
SIG		Enter name of indi	vidual s	igning a	s employ	er or p	lan spor	nsor
1								