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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	<u> </u>	Complete all entries in actions and actions are actions.	cordance with the instri	uctions to the Form 550)0-SF.				
Part		Identification Information							
For cale	endar plan year 2012 or fi	scal plan year beginning 01/01	/2012	and ending	12/31/2	<u>2012</u>			
A This	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan			
B This	return/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Che	ck box if filing under:	X Form 5558	automatic extension			DFVC program			
		special extension (enter desc	ription)						
Part l	I Basic Plan Info	ermation—enter all requested in	formation						
1a Nai	me of plan	·			1b	Three-digit			
ROBERT	A. JARMAIN PROFIT SI	HARING PLAN				plan number			
					_	(PN) ▶ 001			
					1C	Effective date of plan 04/01/1993			
2a Pla	n snonsor's name and ad	ldress; include room or suite numb	er (employer if for a single	e-employer plan)	2h	Employer Identification Number			
R.A.J. M	ANAGEMENT CORPORA	ATION	ci (ciripioyei, ii ioi a sirigii	c-ciriployer plair)	20	(EIN) 11-2298658			
					2c	Sponsor's telephone number			
2 LAKE F	ROAD NORTH					718-453-1500			
	NECK, NY 11020				2d	Business code (see instructions)			
						531390			
3a Pla	n administrator's name ar	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's EIN			
					30	Administrator's telephone number			
					30	Administrator's telephone number			
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN			
		mber from the last return/report.			40	DN			
	onsor's name	at the beginning of the plan year.			4c				
	·				5a	1			
		at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
		s during the plan year invested in				X Yes No			
	•	f the annual examination and repo	•	•					
		? (See instructions on waiver eligit							
lf y	ou answered "No" to e	ither line 6a or line 6b, the plan	cannot use Form 5500-S	F and must instead use	Form	5500.			
		or incomplete filing of this retur							
		her penalties set forth in the instrund signed by an enrolled actuary, a							
	is true, correct, and com		as well as the electronic ve	ersion of this return/repor	ı, anu i	.o the best of my knowledge and			
				1					
SIGN	Filed with authorized/	valid electronic signature.	09/27/2013	ROBERT A. JARMAII	MAIN				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ividual signing as plan administrator				
SIGN									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual sig	ning as employer or plan sponsor			
Prepare		name, if applicable) and address; in				parer's telephone number (optional)			

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Pai	t III Financial Information										
	an Assets and Liabilities (a) Beginning of Ye			ır	(b) End of Year						
	Total plan assets	7a	(a) Deginning of Tea		(b) End of Year						
	Total plan liabilities	7a 7b	44000							0	
	Net plan assets (subtract line 7b from line 7a)	7c	44653	18						0	
					(b) Total					<u> </u>	
	Contributions received or receivable from:	come, Expenses, and Transfers for this Plan Year (a) Amount					(b) 10	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	Others (including rollovers)									
b	Other income (loss)	8b	2627	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26272	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	47281	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	47281	0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-4	44653	8	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruc	ions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Cod	des in t	ne instruction	ons:			
Dari	Part V Compliance Questions										
10	•				Yes	No		Λ	4		
a	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described							AIII	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
	on line 10a.)	`	•	10b		X					
С	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 or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and)			X					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g 10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
Part	vi Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					
12								No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	e date of the	ne le Yea		lling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Баy		1 60	<u> </u>		
	Enter the minimum required contribution for this plan year	•				12b					
							1				

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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 a negative amount)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
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 under the confidence of the PBGC?	ontrol		X 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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

No. 2146 P. 3/3

Sep. 25. 2013 5:26PM STRATEGIC PENSION

Forr	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089				
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	efft Quietanly Corporation	> Complete all entries in ac	-8F.	1179	namente de la companya de la company	Billion velocitation					
Part	Annual Report is	dentification information				72273525		programmed.			
For calenda	plan year 2012 or flac	al plan year beginning	01/01/2012	and anding	CONTRACTOR AND	/31/2012 a one-partick		-			
A This relu	m/report la for:	a single-employer plan	least .								
B This relu	gryreport is:	the first return/report an emended return/report	a short plea year return/	anna Hann Hann 17 was	and from h						
		DEVC program									
C Check b	ox If Ming under:	Form 5558	nolanetxe attenuolo		Chac blodism						
		epocial extension (enter descr	Cartering and the second secon		manyinda la proposition			O Westerdamenton			
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1a Name o Robert		ofit Sharing Plan		,	pla	an unumper	001				
					A PROPERTY AND ADDRESS OF THE PARTY AND ADDRES	ND P loctivo dete o	fpien				
						/01/1993		***************************************			
2a Plansp	oned's name and add MANAGEMEN'T CO	rees; include room or suite numbe RPORATION	er (employer, if for a single-e	mployer plan)		nplayer identi IN) 1.1229	ilcation Numb	MST			
						2c Sponsor's telephone number					
2 LAKE	ROAD NORTH	ì				18-453-1	(aeo instructio	oria)			
GREAT N	ክውሮፕ <u>የ</u>	NY 11020				1290	(aab ii ii ii aa ii				
		d address XBame as Plan Sponi	or Name X Seme as Plan	Sponeor Address	3b Ad	iministrator's	EN				
4 If the	ame and/or EIN of the	plan sponear has changed since	the last return/report filed for	this plan, enter the	4lb El	IN					
namo,	EIN, and the plan nun	nber from the last return/report.			4c P	N					
a Sponsi	ore name	at the beginning of the plan year.		**************************************	68		D \$150 alon a marting the Comments	1			
		at the end of the plan year			5b	And the last of th	Control of the Party of the Par	0			
C Numb	ar of nedicinants with s	account balances as of the end of	the plan year (defined benef	It plans do not			gynpynnegangunahelmalas Uni Sit rea				
como	ate this item)		**************************************	pag 4 (3 1 2 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5c		53 v.s.	0			
\$a Ware	all of the plan's assets	during the plan year invested in	eligible essets? (See instruct	ons.),	149133849232727	,	XI Yes	∐ No			
سابقة الساعدون	ለል ጣሮው የነተለሱ ፋሲል ፈፀና	the annual examination and repo (See instructions on waiver eligii	MIRA BAG CARANGOR, I		. fb p	198917 47+849188 187	X Yes	No			
if you	answered "No" to el	ther line 6a ge-line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form 6	300.	······································	gryalesshanessh			
		7 1						4. 1			
Under pen SB or Sche bollef, it is	altics of perjury and objection MB completed or true, correct and party	or incomplise filling of this return of penaltie set torih in the instru or servet by an envilled ectuery, little	ctions, I doctare that I have a se well as the electronic vers	ethnoise talendrake Toqenbruiles aid to nois	port, Incli t, and to	ine best of m	osbio, iji Scha y knowledge	and			
	1 Mily	toma	9-27-13	ROBERT A. JAR	MAIN						
HERE Signature of part surpristrators Date Enter name of Individue						ng sa plan ac	iministrator				
SIGN GOBERT A. JARI						-	And the Contract of the Contra	A			
HERE .	Signature of Implo	yer/plan sponsor	Date	Enter name of individ	Jual signi	ng as employ	e number (op	onaor (lonal)			
Proparer's	name (including firm /	isme, if applicable) and address;	udinde todu ot snits trimba	L (obdough	Lieben	en en tentrelan cons	a manna tot	,,			
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1	(_					Kanasa in	According	reiging.			
	A A STATE OF THE PARTY OF THE P	4.10					Form 5600-8	7 / 7 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			
	AND BEAR SANGERS AND BEARING	is and OMS Control Numbers, see I	no inetructions for form 6690-	5F. '				120120			

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	r		
а	Total plan assets	. 7a		46538	3					0	
b	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	. 7c	4.	46538	3					0	
	Income, Expenses, and Transfers for this Plan Year						(b) 1	otal			
а	Contributions received or receivable from:		ennoanne.								
	(1) Employers	Employers									
	(2) Participants	. 8a(2)									
	(3) Others (including rollovers)	8a(3)		2.60.00							
	Other income (loss)	. 8b	•	26272	4				0	6070	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								6272	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4'	72810)						
e	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							47	2810	
i	Net income (loss) (subtract line 8h from line 8c)								-44	6538	
j	Transfers to (from) the plan (see instructions)	- 8j									
Pa	t IV Plan Characteristics							200 1 / 2000			
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteristi	c Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristic	Code	es in t	he instruct	ions:			
Par	t V Compliance Questions										
10	During the plan year:							Amou	nt		
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)					х	-				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	-	-	10b		х					
С	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 or dishonesty?	-	=	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth			iou	_						
	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х					
h		(See instri	uctions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10i							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							ПП	Yes [] No	
11a	1a Enter the amount from Schedule SB line 39							-			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	ПП	Yes 2	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc	-	and e	nter th	ne date of	he lette Year	er rulin	g	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							. car			
	Enter the minimum required contribution for this plan year					12b					
							·				