	Form 5500-SF		eturn/F Benefit	Report of Small Employ	C	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service			2011				
Er	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code).							
Р	ension Benefit Guaranty Corporation	-SF.	Ins	pection				
		lentification Information			-			
For	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011		
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
B	This return/report is:	the first return/report	the final re	eturn/report				
		an amended return/report	a short pla	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m	
		special extension (enter descriptio	n)					
Pa	art II Basic Plan Inform	nation—enter all requested information	ation			1		
	Name of plan				1b	Three-digit plan number		
SAM	JEL AARON, INC. RETIREMEN	NT SAVINGS PLAN				(PN)	004	
					1c	Effective date of 07/01/	•	
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif		
SAM	UEL AARON, INC.					(EIN) 13-330		
04.00					2c	Sponsor's teleph 718-392		
) 47TH AVENUE G ISLAND CITY, NY 11101				2d	Business code (s 33211		
	Plan administrator's name and JEL AARON, INC.	address (if same as plan sponsor, er 31-00 47TH A		")	3b	Administrator's E		
LONG ISLAN				Y 11101	3c	Administrator's telephone number 718-392-5454		
4	If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan numb	per from the last return/report.		Γ	40	DN		
	Sponsor's name	the beginning of the plan year			4c	PN	84	
b		the end of the plan year			<u>5a</u>		0	
c		count balances as of the end of the p			5b		0	
		count balances as of the end of the p	• •		5c		0	
6a	Were all of the plan's assets d	luring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No	
b				dent qualified public accountant (IQP			X Yes 🗌 No	
				ons.) SF and must instead use Form 5500				
Pa	rt III Financial Informa		-					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	5387356			0	
b	Total plan liabilities		7b	20031				
		'b from line 7a)	7c	5367325	-		0	
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal	
а	Contributions received or recei (1) Employers	vable from:	8a(1)					
			8a(2)					
	(3) Others (including rollovers))	8a(3)					
b	Other income (loss)		8b	-129828				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				-129828	
d		rollovers and insurance premiums	8d	5224628				
е		ive distributions (see instructions)	8e					
f	Administrative service provider	s (salaries, fees, commissions)	8f	12869				
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				5237497	
i		e 8h from line 8c)	8i				-5367325	
j	Transfers to (from) the plan (se	ee instructions)	8j					

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 2R
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 520000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes No (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, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Х Yes 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 under the control X Yes No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/27/2012	RICHARD KATZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2	2011		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058						This Form is	s Open to Public	
Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. 								pection	
Pa	art I Annual Report Ic	Intification Information	uance with		ions to the Form obox		1		
	calendar plan year 2011 or fisca	al plan year beginning (01/01/2	011	and ending		<u>12/31/201</u>	1	
Α	This return/report is for:	X a single-employer plan	a multiple	-employer pla	n (not multiemployer)		a one-particip	pant plan	
B This return/report is: The first return/report I the final return/report									
		an amended return/report		•	report (less than 12 mo	onths)			
C	Check box if filing under:	Form 5558	I	extension			DFVC progra	m	
		special extension (enter description							
L	art II Basic Plan Inform Name of plan	mation-enter all requested inform	ation			1h	Three-digit		
	•	RETIREMENT SAVINGS PI	AN			1.5	plan number		
							(PN) 🕨	004	
						10	Effective date of 07/01/198		
2a	Plan sponsor's name and addr	ess; include room or suite number (e	employer, if	for a single-e	mployer plan)	2b	Employer Identi	ication Number	
	SAMUEL AARON, INC.						(EIN) 13-330	3947	
						2c	Sponsor's telep (718) 392-		
	31-00 47th AVENUE					2d		see instructions)	
	LONG ISLAND CITY			NY	11101	2.4	332110	see wardenonay	
	Plan administrator's name and	address (if same as plan sponsor, e	nter "Same			3b	Administrator's	EIN	
	SAME					30	Administrator's	elephone number	
						00	Authesterors		
4		plan sponsor has changed since the	last return/	report filed for	this plan, enter the	4b	EIN		
а	name, EIN, and the plan numb Sponsor's name	per from the last return/report.				4c	PN		
	· · · · · · · · · · · · · · · · · · ·	t the beginning of the plan year				5a		84	
b	Total number of participants at	t the end of the plan year				5b		0	
С	Number of participants with ac	count balances as of the end of the	plan year (defined benefi	it plans do not	<i>r</i>		0	
						5c		X Yes No	
		during the plan year invested in eligit he annual examination and report of							
	under 29 CFR 2520.104-46? ((See instructions on waiver eligibility	and condit	ions.)				X Yes No	
Pa	If you answered "No" to eith	<u>ter 6a or 6b, the plan cannot use F</u> ation	orm 5500-	SF and must	instead use Form 55	00.			
7	Plan Assets and Liabilities		1	(a) B	eginning of Year	Τ	(b) End	of Year	
a			. 7a	<u></u>	5,387,35	6		0	
b					20,03	31			
C	Net plan assets (subtract line	7b from line 7a)	. 7c		5,367,32	25		0	
8	Income, Expenses, and Trans	fers for this Plan Year		······	(a) Amount		(b) ⁻	[°] otal	
а	Contributions received or rece	ivable from:							
						7			
	•••••	3)							
b	Other income (loss)		. 8b		(129,828	3)			
~		•••••••••••••••••••••••••••••••••••••••		1					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)						(129,828)	
	Total income (add lines 8a(1), Benefits paid (including direct	8a(2), 8a(3), and 8b) rollovers and insurance premiums	<u>8c</u>		5,224,62	28		(129,828)	
С	Total income (add lines 8a(1), Benefits paid (including direct to provide benefits)	8a(2), 8a(3), and 8b)	<u>8c</u> ., <u>8d</u>		5,224,62	28		(129,828)	
c d	Total income (add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correc	8a(2), 8a(3), and 8b) rollovers and insurance premiums	<u>8c</u> <u>8d</u> <u>8e</u>		5,224,62			(129,828)	
c d e	Total income (add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correc Administrative service provide	8a(2), 8a(3), and 8b) rollovers and insurance premiums tive distributions (see instructions)	8c 8d 8e 8f						
c d f g	Total income (add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correc Administrative service provide Other expenses	8a(2), 8a(3), and 8b) rollovers and insurance premiums tive distributions (see instructions) rs (salaries, fees, commissions)	<u>8c</u> <u>8d</u> <u>8f</u> <u>8f</u> <u>8g</u>					5,237,497	
c d f g	Total income (add lines 8a(1), Benefits paid (including direct to provide benefits) Certain deemed and/or correc Administrative service provide Other expenses Total expenses (add lines 8d, Net income (loss) (subtract line	8a(2), 8a(3), and 8b) rollovers and insurance premiums five distributions (see instructions) rs (salaries, fees, commissions)						(129,828) 5,237,497 (5,367,325)	

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

Par	IV Plan Characteristics				
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 2F 2G 2J 2K 2S 2T 3D 2R	acteris	tic Co	des in t	the instructions:
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cteristi	c Cod	es in th	ne instructions:
Part	V Compliance Questions				
Part 10	V Compliance Questions During the plan year:		Yes	No	Amount

	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		^			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
С	Was the plan covered by a fidelity bond?	10c	Х			5	20,000
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			
e	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	Х				0
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	X No
	(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 instrugranting the waiver	nth					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	r				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year		ee	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	res 🗌 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	[1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	the pla	n(s) t	0			
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN		7/25/12	Richard Katz
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