For	m 5500-SF	/ee	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	е	2012						
Employee B	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R		This Form i	s Open to Public					
	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550)-SF.		peedon			
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012										
_				v	2/31/					
A This return/report is for:										
B This ret	urn/report is:		ne final return/report							
		an amended return/report	short plan year returr	/report (less than 12 mo	onths					
C Check	box if filing under:		DFVC program							
special extension (enter description)										
Part II	Basic Plan Inform	nation—enter all requested information	on							
1a Name					1b	Three-digit				
A. EAGLE IN	IC. RETIREMENT PLAN					plan number (PN) ►	001			
					1c	Effective date o				
						01/01	•			
2a Plan s A. EAGLE IN	oonsor's name and addre	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	2b Employer Identification Number (EIN) 11-3564544				
6 TERRACE	DRIVE				2c	Sponsor's telep 917-66				
HAMPTON I	3AYS, NY 11946				2d	d Business code (see instructions) 238900				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	b Administrator's EIN				
	name and/or EIN of the p EIN, and the plan numb	4b EIN								
a Sponse					4c PN					
5a Total r	number of participants at	the beginning of the plan year			5a					
b Total r	number of participants at	the end of the plan year			5b					
		count balances as of the end of the pla			Fa		0			
					5c		Ves No			
b Are yo	ou claiming a waiver of th	luring the plan year invested in eligible the annual examination and report of an	independent qualifie	d public accountant (IQI	PA)		X Yes No			
	,	See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	,							
Under pena SB or Sche	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/va	lid electronic signature.	05/08/2013	ABILJ LJESNJANIN	JANIN					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator						
SIGN	Filed with authorized/va	lid electronic signature.	05/08/2013	ABILJ LJESNJANIN						
HERE	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nan	ne, if applicable) and address; include i	room or suite number	· (optional)	Prep	parer's telephone	number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	5560	6			0
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	5560	6			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)		0			
(2) Participants	8a(2)		0			
(3) Others (including rollovers)	8a(3)		0	_		
b Other income (loss)	8b	251	4	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		2514
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5812	0			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					58120
i Net income (loss) (subtract line 8h from line 8c)	8i					-55606
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics	oj		0			
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Chara	cteristi	c Code	es in th	e instructions:
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a		x	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	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 or dishonesty?	fidelity bond,	that was caused by fraud	100		X	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	ner persons by of the benefits	y an insurance carrier, under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	-		Х	
h If this is an individual account plan, was there a blackout period?					~	
2520.101-3.)	•	ons and 29 CFR	10g 10h		x	
	ne required no	ons and 29 CFR otice or one of the	Ŭ			
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the second secon	ne required no	ons and 29 CFR otice or one of the	10h			
2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance	ne required no 1-3	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i	Sched	X ule SB	(Form
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	ne required no 1-3	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i		X ule SB	(Form
 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. 	ne required no 1-3	ons and 29 CFR otice or one of the ," see instructions and com	10h 10i		X ule SB	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 	ne required no 1-3 ents? (If "Yes requirements	ons and 29 CFR otice or one of the ," see instructions and com of section 412 of the Code	10h 10i		X ule SB	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding 	ne required no 1-3 nents? (If "Yes requirements as applicable ng amortized	ons and 29 CFR otice or one of the s," see instructions and com of section 412 of the Code e.) in this plan year, see instruction	10h 10i aplete s	ction 3	X ule SB 11a 02 of E	RISA?
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized	ons and 29 CFR potice or one of the s," see instructions and com s of section 412 of the Code s.) in this plan year, see instruc- 	10h 10i aplete s	ction 3	X ule SB 11a 02 of E	RISA? Yes N Atte of the letter ruling

С	Enter the amount contributed by the employer to the plan for this plan year	12c						
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 negative amount)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	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 of the PBGC?								
С	C 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.)							
1	IN(s)	13c(3) PN(s)						
Part	t VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Ret	urn/Report o	f Small Employ	ee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed u	nd 4065 of the Employee			2012				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act of 1 the Internal	1974 (ERISA), and s Revenue Code (the	is Open to Public spection						
	Complete all entries in accordance with the instructions to the Form 5500-5F.								
For calendar plan year 2012 or fisc		01/01/2012	and ending	12,	/31/2012				
A This return/report is for:	🗙 a single-employer plan 🛛 a	multiple-employer p	lan (not multiemployer)		a one-partici	pant plan			
B This return/report is:		e final return/report		6		•			
			m/report (less than 12 mo	onths)					
C Check box if filing under:		utomatic extension		Г	DFVC progra	m			
Check box in ming under.	special extension (enter description)			L	j un no progra				
Part II Basic Plan Infor									
1a Name of plan	mation enter all requested inform	ation		1b T	hree-digit				
A. Eagle Inc. Retire	mont Plan				lan number PN) ►	001			
A. Lagie Inc. Notice	WAUC LIGH				ffective date c	1			
				C	1/01/2009				
2a Plan sponsor's name and add A. Eagle Inc.	ress; include room or suite number (em	ployer, if for a single	e-employer plan)		Employer Ident EIN) 11-35	ification Number 64544			
6 Terrace Drive					Sponsor's telep (917) 667-				
US Hampton Bays	NY 11946			2d Business code (see instructions 238900					
3a Plan administrator's name and	3b Administrator's EIN								
		3c Administrator's telephone number							
	plan sponsor has changed since the las ber from the last return/report.	st return/report filed	for this plan, enter the	4b E	IN				
a Sponsor's name				4C F	N T				
	t the beginning of the plan year			5a		2			
	t the end of the plan year			5b		0			
	sound balances as of the end of the pre-			5c	L	0			
A CONTRACTOR OF A CONTRACTOR O	turing the plan year invested in eligible					X Yes No			
under 29 CFR 2520.104-46? (he annual examination and report of an (See instructions on waiver eligibility an	d conditions.)	•••••			XYes No			
	ner line 6a or line 6b, the plan cannot								
	r incomplete filing of this return/repo								
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and completed	er penalties set forth in the instructions d signed by an enrolled actuary, as wel lete.	I declare that I have as the electronic ve	e examined this return/reportersion of this return/reportersion	port, in t, and to	o the best of m	icable, a Schedule iy knowledge and			
SIGN (A) (Alif 4/9/17) Abilj Ljesnjanin									
TERE Signature of plan administrator Date Enter name of individual signing as plan administrator						inistrator			
				- orgrinn	g do plan dam				
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Preparer's telephone number (optional)					
For Paperwork Reduction Act N	otice and OMB Control Numbers, se	e the instructions f	or Form 5500-SF.		F	orm 5500-SF (2012) v.120126			

Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	55,60	06			0		
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	55,60	06					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Y.	(b) Total			
а	Contributions received or receivable from:	8-(1)		0					
	 (1) Employers (2) Participants 	8a(1)		0					
	(2) Others (including rollovers)	8a(2) 8a(3)		0					
b	Other income (loss)	8b	2,5:						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2, 3.	14		2 514			
d	Benefits paid (including direct rollovers and insurance premiums	00					2,514		
	to provide benefits)	8d	58,12	20					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					58,120		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			-		(55,606)		
1	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Code	s in t	the instructions:		
	2A 2E 2F 2G 2J 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		x			
b		Oo not i	nclude transactions reported	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 f or dishonesty?			10d		x			
e		r persons f the bene	by an insurance carrier, fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		x			
h		See instru	ctions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
Pa	t VI Pension Funding Compliance				l-				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If ""	Yes," see instructions and comp	olete	Schedu	le S	B (Form		
11	a Enter the amount from Schedule SB line 39					1a			
12	Is this a defined contribution plan subject to the minimum funding r						ERISA? Yes X 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 bein granting the waiver	g amortize	ed in this plan year, see instruct Mon	tions, ith	and en	_	he date of the letter ruling y Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year				1	2b			

Form 5500-SF 2012

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С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No 🗌	N/A		
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				X Yes] No		
С	C 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.)							
1	3c(1) Name of plan(s):	130	:(2) EIN(s)	13c(3) P	N(s)		

Part VIII Trust Information (optional)

14a Name of trust

14b Trust's EIN