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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan		plan (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)) <u> </u>
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name	of plan				1b	Three-digit
BLUE DUCK	INC PROFIT SHARIN	NG PLAN				plan number
					_	(PN) • 001
					1C	Effective date of plan 01/01/2009
2a Plan a	noncer's name and ad	dress; include room or suite numbe	or (ampleyor if for a single	o ampleyer plan)	2h	
BLUE DUCK		aress, include room or suite nambe	er (employer, il for a single	e-employer plan)	20	Employer Identification Number (EIN) 13-3544994
					2c	Sponsor's telephone number
	TH AVENUE					212-268-3122
NEW YORK	, NY 10018				2d	Business code (see instructions) 423990
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since	he last return/report filed	for this plan, enter the	4b	EIN
		mber from the last return/report.				
•	or's name					PN
		at the beginning of the plan year			5a	6
b Total r	number of participants	at the end of the plan year			5b	0
		account balances as of the end of t	• •	•	5c	0
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No
_		the annual examination and repor				
		? (See instructions on waiver eligib				- -
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SI	and must instead use	Form	5500.
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this returr	•			
		her penalties set forth in the instruc nd signed by an enrolled actuary, a				
	true, correct, and com		s well as the electronic ve	rision or this return/report	i, anu	to the best of my knowledge and
	<u> </u>		T	1		
SIGN HERE	Filed with authorized/	valid electronic signature.	06/27/2013	MICHAEL OSTUNI		
IILKL	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; in	clude room or suite numb			parer's telephone number (optional)
						999-999-9999

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information	Г	Г								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Yea						
a	Total plan assets	. 7a	74340	00						0	
<u>b</u>	Total plan liabilities	7b	0			0					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	74340	743400					()	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:			•							
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b	1914	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19141		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	75845	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	409	1							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							76254	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	74340	0	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics	,	l .								
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruc	tions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cor	les in t	he instruct	ons:			
-	The first provided world's portents, order the applicable world's to	odialo ood	oo nom the blocker rian onara	01011011	0 000	200 111 0	110 111011 401	0110.			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
а	Was there a failure to transmit to the plan any participant contribu					V					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					0
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					0
					Χ						
C	<u> </u>			10c						600	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					0
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all cinstructions.)			10e		X					0
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f		V					0
9				10g		X					0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X					
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the										
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
44.	Enter the amount from Schedule SB line 39					11a					0
112							EDICAS		Yes	X	No
	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 ∩ŧ				/\	
11a 12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?		100		
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	, as applic	able.) ed in this plan year, see instru	ctions,		enter th			tter ru	ling	
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	, as application	able.) ed in this plan year, see instru Mon	ctions,				he le Yea	tter ru	ling	_
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	, as applicang amortiz	able.) ed in this plan year, see instructionMon m 5500), and skip to line 13.	ctions, th	and (enter th			tter ru	ling	0

	Form 5500-SF 2012 Page 3 - 1					
	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)		12d			-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	o X 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	es	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 und of the PBGC?	er the c	ontrol 		X	Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) to	0		_	
1	3c(1) Name of plan(s):	13	c(2) El	N(s)	1	3c(3) PN(s)
Part	VIII Trust Information (optional)					

14a Name of trust

14b Trust's EIN

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Lebor
Employee Benefits Security Administration
Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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

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Dart I A	naval Danast	Identification Informa	47	4101 014 111901	actions to tile Louis 5	ouu-or.		
For calendar p	lan vear 2012 or fi	scal plan year beginning	1/1/201	2 -	and ending		12/31/2012	
A This return/		a single-employer plan		*******			F-7	
_	•	=	=		plan (not multiemploye	r)	a one-partici	pant plan
B This return/	/report is:	the first return/report	<u></u>	nal return/repor				
_		an amended return/repo	=	-	ım/report (less than 12	months)	
C Check box	if filing under:	☐ Form 5558	autor	natic extension			DFVC progra	am
		apacial extension (enter						
Part II B	asic Plan Info	rmation—enter all request	ed information					
1a Name of p						1b	Three-digit	
BLUE D	DUCK INC PRO	OFIT SHARING PLAN					plan number	001
i						-	(PN) ▶	
						10	Effective date of	
2a Plan spons	sor's name and ad	idress; include room or suite r	number (employ	er. if for a single	e-employer pian)	2h	Employer identi	/2009
BLUE DUC	K INC				a company or promity			33544994
						2c	Sponsor's telep	
400 DEV (B)			•				21226	83122
463 SEVEN	NTH AVENUE					2d	Business code	(see instructions)
t mit vom								3990
NEW YOR	K	NY					42.	
10018								
3a Plan admir	nistrator's name ar	nd address Same as Plan S	- Boonsor Name	Same as Piz	n Sponsor Address	3b	Administrator's	E1k1
			-porioor		at obought tentras		Actinophical s	EIN
						3с	Administrator's	telephone number
				i				
				i				
4 If the name	e and/or EIN of the	nlan changar has changad s	ince the last rote	*** for any filed (F4h-5	44_		
4 If the name	e and/or EIN of the	e plan sponsor has changed s	ince the last retert.	urn/report filed f	for this plan, enter the	4b	EIN	
name, EIN a Sponsors i	l, and the plan nur name	mber from the last return/repo	rt.			4c	· · · · · · · · · · · · · · · · · · ·	and the second
a Sponsors i	v, and the plan nur name ber of participants	at the beginning of the plan y	rt.	***************************************	- 1	- 4c - 5a	· · · · · · · · · · · · · · · · · · ·	6
a Sponsors i	v, and the plan nur name ber of participants	at the beginning of the plan y	rt.	***************************************	- 1	4c 5a	· · · · · · · · · · · · · · · · · · ·	
a Sponsor's of Total number of Number of	N, and the plan nur name ber of participants ber of participants f participants with a	at the beginning of the plan y at the end of the plan year	rd.	ar (defined hen	efit plans do not	4c · 5a · 5b	· · · · · · · · · · · · · · · · · · ·	6
a Sponsor's i Sa Total numl b Total numl C Number of complete t	N, and the plan nur name ber of participants ber of participants f participants with a this Item)	at the beginning of the plan y at the end of the plan year	rearnd of the plan ye	ar (defined ben	efit plans do not	4c 5a 5b	PN	6
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a Sponsor's a Sponsor's a Total number of complete to b Are you ck	N, and the plan nur name ber of participants ber of participants if participants with a this Item)	at the beginning of the plan y at the end of the plan year account balances as of the en	eard of the plan ye	ar (defined ben	efit plans do not	4c 5a 5b 5c	PN	6 0 0 Ves No
a Sponsor's a Sponsor's a Total number of complete to b Are you ck under 29 C	N, and the plan nur name ber of participants ber of participants f participants with a this Item)	at the beginning of the plan y at the end of the plan year account balances as of the en during the plan year invested the annual examination and it	eard of the plan ye d in eligible asse report of an indeal(gibility and col	ar (defined ben sts? (See instru spendent qualifi- nditions.)	efit plans do not ctions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c 5a 5b 5c QPA)	PN	6 0 0
a Sponsor's a Sponsor's total number of complete t b Are you claunder 29 C If you ans	N, and the plan nur name ber of participants ber of participants f participants with a this Item)	at the beginning of the plan y at the end of the plan year account balances as of the en during the plan year invested the annual examination and it (See instructions on waiver of ther line 6a or line 6b, the p	eard of the plen ye d in eligible asse report of an inde eligibility and con lan cannot use	ar (defined ben ets? (See instru- ependent qualifi- nditions.)	efit plans do not ctions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c 5a 5b 5c QPA)	PN	6 0 0 Ves No
a Sponsor's of Spo	N, and the plan nur name ber of participants ber of participants with a this item)	at the beginning of the plan y at the end of the plan year	ear	ar (defined ben sts? (See instruct spendent qualific nditions.)	efit plans do not ctions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c 5a 5b 5c 5c 5c 5c	5500.	6 0 0 Ves No
a Sponsor's of Spo	N, and the plan nur name ber of participants ber of participants with a this item)	at the beginning of the plan y at the end of the plan year	ear	ar (defined ben sts? (See instruct spendent qualific nditions.)	efit plans do not ctions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c 5a 5b 5c 5c 5c 5c	5500.	6 0 0 Ves No
a Sponsor's of Spo	N, and the plan nur name ber of participants ber of participants with a this item)	at the beginning of the plan y at the end of the plan year	ear	ar (defined ben sts? (See instruct spendent qualific nditions.)	efit plans do not ctions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c 5a 5b 5c 5c 5c 5c	5500.	6 0 0 Ves No
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a Sponsor's of Sponsor	N, and the plan nurname ber of participants ber of participants with a this Item)	at the beginning of the plan y at the end of the plan year	rt. rear rear ye d in eligible assereport of an inde eligibility and coulan cannot use eturn/report will istructions, I dec ary, as well as the	ar (defined ben ets? (See instru ependent qualifi ependent qualifi politions.)	efit plans do not ctions.)	4c 5a 5b 5c OPA) e Form ause is eport, in ort, and to dual sign du	5500. astablished. cluding, if applicate to the best of my	6 0 0 Ves No Yes No Able, a Schedule knowledge and
a Sponsor's of Sponsor	N, and the plan nurname ber of participants ber of participants with a this Item)	at the beginning of the plan y at the end of the plan year	rt. rear rear ye d in eligible assereport of an inde eligibility and coulan cannot use eturn/report will istructions, I dec ary, as well as the	ar (defined ben ets? (See instru ependent qualifi ependent qualifi politions.)	efit plans do not ctions.)	4c 5a 5b 5c OPA) e Form ause is eport, in ort, and to dual sign du	5500. astablished. cluding, if applicate to the best of my	6 0 0 Ves No Yes No Able, a Schedule knowledge and

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End o	f Year	
a	Total plan assets	7a	74	3400					0
b	Total plan liabilities	7b		(0
	Net plan assets (subtract line 7b from line 7a)	. 7c	74	3400	ו				0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from:				16.5				
	(1) Employers	8a(1)			0				STREET
	(2) Participants	8a(2))				
	(3) Others (including rollovers)	8a(3)			1,000,02318			100 100 100 100 100 100 100 100 100 100	
<u>b</u>	Other income (loss)	. 8b	1	9141					4 4 4
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19	141
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	75	8450					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				la.			
f	Administrative service providers (salaries, fees, commissions)	. 8f		409	2869488		Jania (1		
g	Other expenses	. 8g		SSSHELIMI)			762	5/1
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				finiu 200k se	887274401584-787389	-743	400
j	Transfers to (from) the plan (see instructions)	- 8j					Aug 14	7. 4.10	III kad
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare to the compliance Questions	feature cod	des from the List of Plan Charac	cterist	ic Cod	es in th	ne instructi	ons:	<u></u>
200001-01001-04	Carrie Compliance Questions								
40	During the plan year:				Yes	No	,	Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidence of the plan and DOL's Voluntary Fidence o	utions with	in the time period described in	10a	Yes	No ✓		Amount	0
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest	uciary Cou t? (Do not	rection Program) include transactions reported	10a	Yes			Amount	0
a t	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Col t? (Do not	include transactions reported	10b		√		Amount	0 60000
ti	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Col	include transactions reported		Yes	√		Amount	60000
ti	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Control t? (Do not	include transactions reported	10b		√		Amount	
ti	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	st? (Do not st? (Do not s fidelity both ther person of the ber	include transactions reported ond, that was caused by fraud ns by an insurance carrier, lefits under the plan? (See	10b 10c		√		Amount	60000
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	st? (Do not	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See	10b 10c 10d		√		Amount	60000
a b c c c c c c c c c c c c c c c c c c	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantary or the plantary of the plantary or	s fidelity be ther person of the ber	include transactions reported ond, that was caused by fraud ns by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e 10f		√		Amount	60000
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t VIII Trust Information (optional) Name of trust	14b	Trust's Ell	N		
				•	***
13c(1) Name of plan(s):	13c(2) E	EIN(s)		13c(3)	PN(s)
which assets or liabilities were transferred. (See instructions.)					
of the PBGC?			×	Yes	No
					0
Has a resolution to terminate the plan been adopted in any plan year?		Yes	No		
VII Plan Terminations and Transfers of Assets	T				
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	l N	lo _	N/A
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				1
Enter the amount contributed by the employer to the plan for this plan year	12c				
Form 5500-SF 2012 Fage 3 -					
	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	Enter the amount contributed by the employer to the plan for this plan year	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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 which assets or liabilities were transferred. (See instructions.)