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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number AM ONLY, INC. 401(K) RETIREMENT PLAN 001 (PN) 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number AM ONLY, INC. 13-4059648 (EIN) Sponsor's telephone number 718-237-2428 55 WASHINGTON STREET BROOKLYN, NY 11201 Business code (see instructions) 711410 **3a** Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 21 **b** Total number of participants at the end of the plan year..... 5_b 25 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 20 complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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.

	o trao, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	PAUL MORRIS	PAUL MORRIS				
HERE	Signature of plan administrator	Enter name of individual signing as plan administrator					
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of inc	individual signing as employer or plan sponsor				
Preparer	's name (including firm name, if applicable) and address; in	nclude room or suite num	ber (optional)	Preparer's telephone number (optional)			

Form 5500-SF 2012 Page **2**

Pai	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	78146				(,		88105	0	
	Total plan liabilities	7b		0)		
	Net plan assets (subtract line 7b from line 7a)	7c	78146		1				381050)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
	Contributions received or receivable from:		(u) Amount				(15)	Total			
	(1) Employers	8a(1)	3757	'9							
	(2) Participants	8a(2)	5959	91							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	5456	66							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	51736	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5214	18							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5214	8	
	Net income (loss) (subtract line 8h from line 8c)	8i							9958		
	Transfers to (from) the plan (see instructions)	8j		0					0000		
_	t IV Plan Characteristics	l ol		U							
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
Par	t V Compliance Questions										
	•				V	Nia	I				
10	During the plan year:	tiono withi	n the time period described in	1	Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					100	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
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	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х					
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			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 5500) and line 11a below)											
11a											
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 X 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 instru		and e	enter th Day	ne date o	f the le		ling	
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b					

	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 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?		Yes X 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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

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2012

OMB Nos. 1210-0110

1210-0089

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			/ Complete all entries in acco	raznce with the instit	ictions to the Form 330	U-SF,	 			
	art I		Identification Information			40.45				
For	catenda	ar plan year 2012 or t		01/01/2012	and ending	12/31/2012				
		um/report is for:	X a single-employer plan	i i	plan (not multiemployer)	(not multiemployer) a one-participant plan				
В	This ret	um/report is:	the first return/report	the final return/repor	t					
			an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)				
C	Check	box if filing under:	X Form 5558	automatic extension		DFV	C program			
			special extension (enter descript	tion)						
Pa	rt	Basic Plan Info	ormation—enter all requested inform	nation						
1a	Name	of plan				1b Three-di	~ 1			
	AM O	NLY, INC. 401	(K) RETIREMENT PLAN			plan nun	nber 001			
						(PN) ▶				
						1c Effective 01/01				
2a	Plan si	oonsor's name and a	dress; include room or suite number (employer, if for a single	e-employer plan)	-	r Identification Number			
	,	NLY, INC.	•	. , , , ,	, , , ,		3-4059648			
						2c Sponsor	's telephone number			
						(718)	237-2428			
,	55 W	ASHINGTON STR	EET			2d Business	s code (see instructions)			
	BROO				11201	71141	····			
3a	Plan a	dministrator's name a	nd address 🏿 Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b Administ	rator's EIN			
						3c Administ	rator's telephone number			
						JC Administ	rator s telephone number			
						ļ				
4	If the r	name and/or EIN of th	e plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN				
		·	mber from the last return/report.			4				
		or's name	A Decision of the second	 -		4c PN				
_			s at the beginning of the plan year			5a	21			
		•	at the end of the plan year			5b	25			
C			account balances as of the end of the		-	5c	20			
ĥа		· · · · · · · · · · · · · · · · · · ·	s during the plan year invested in eligi			<u> </u>	X Yes No			
		•	if the annual examination and report of	· ·		PA)	El 100 II/10			
			? (See instructions on waiver eligibility				XYes No			
	If you	answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SI	and must instead use	Form 5500.	···			
Cau	tion: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	l unless reasonable cau	ise is establish	ned,			
			ther penalties set forth in the instruction							
		idule MB completed a rue, correct, and com	ind signed by an enrolled actuary, as v inlete	well as the electronic ve	ersion of this return/report	t, and to the bes	st of my knowledge and			
Done	, it is t	rac, correst, and dam		···	. ,					
SIGI		Sign of the thing	- war -	9/24/13	PAUL MORRIS					
HER	E .	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	olan administrator			
SIGI	N	4								
HER	E	Signature of emplo	worfnlan enoneor	Date	Enter name of individe	ual signifia as a	employee or plan enemor			
Prec	parer's i		name, if applicable) and address; inclu				employer or plan sponsor ephone number (optional)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, и, аль с, иль		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-Fire it a factor and			

Part III Financial Information		·						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year	
a Total plan assets	. 7a		1,46	2		(,	881,050	
b Total plan liabilities	. 7b			0			(
C Net plan assets (subtract line 7b from line 7a)	7c	78:	1,46	12		881,050		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		- -	(b) Total			
a Contributions received or receivable from:						. ,		
(1) Employers	8a(1)	· -	7,57	_				
(2) Participants	8a(2)	55	9,59	[;] 1				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	. 8b		4,56	6				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			+			151,736	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	5:	2,14	8				
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0				
f Administrative service providers (salaries, fees, commissions)	. 8f			<u> </u>				
g Other expenses	. 8g			<u> </u>	_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	. <u>.</u>		-			52,148	
Net income (loss) (subtract line 8h from line 8c)	. 8i						99,588	
j Transfers to (from) the plan (see instructions)	8j			0			_	
Part IV Plan Characteristics		- -						
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instruction	ns: 	
b If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction:	S:	
Part V Compliance Questions						 		
10 During the plan year:			1	Yes	No	Ar	mount	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a		Х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	х			100,00	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all	her person	s by an insurance carrier,						
instructions.)		mis divider the plant. (000	10e		Х		_	
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	and.)	10g		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h		х		•	
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i					
	, 1-0		101	l		<u> </u>		
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 SEO)) and line 11a below) Yes No								
5500) and line 11a below)								
12 Is this a defined contribution plan subject to the minimum funding		 .	_			ERISA?	Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)						
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru		, and	enter th Day		letter ruling ear	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b Enter the minimum required contribution for this plan year		<u></u>	.,,	,	12b			

	Form 5500-SF 2012	Page 3 -	_		
	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 resul negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?		Yes	No 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?		🗀 ٧	res X 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, transferr of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)				
1	13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		-		
14a	Name of trust		14b ⊤r	rust's EIN	