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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance witl | h the instructions to the Form 5500 | 0-SF. | | | | | |
|-----------|---|---|------------------------|--|--------------|--------------------------------|-------------|---------|--|--|
| | | lentification Information | | | | | | | | |
| For | calendar plan year 2010 or fisca | al plan year beginning 01/01/2010 | 0 | and ending 1 | 2/31/2 | 2010 | | | | |
| A | This return/report is for: | single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan | | | |
| В | This return/report is for: | first return/report | final retur | n/report | | _ | | | | |
| | | an amended return/report | short plan | year return/report (less than 12 mor | nths) | | | | | |
| C | Check box if filing under: | Form 5558 | | extension | | DFVC progr | am | | | |
| | | special extension (enter description | | | | <u> П</u> е р. е 9. | | | | |
| Dr | ert II Basic Blan Inform | nation—enter all requested information | | | | | | | | |
| | art II Basic Plan Inforn Name of plan | nation—enter all requested informa | ation | | 1h | Three-digit | 1 | - | | |
| | INC PROFIT SHARING PLAN | | | | וו | plan number | 004 | | | |
| | | | | | | (PN) ▶ | 001 | | | |
| | | | | | 1c | Effective date of | | | | |
| | | | | | | 01/01/ | 2010 | | | |
| 2a HBS | • | ess (employer, if for single-employer | plan) | | 2b | Employer Ident | | ımber | | |
| про | INC. | | | | 20 | (EIN) 11-352 Plan sponsor's | | number | | |
| | LEFFERTS BLVD | | | | 20 | 718-44 | 11-0026 | Humber | | |
| KEW | GARDENS, NY 11415 | | | | 2d | Business code | (see instru | ctions) | | |
| | | | | | 01 | 44619 Administrator's | | | | |
| HBS | Plan administrator's name and a INC. | address (if same as Plan sponsor, e 8165 LEFFE | nter "Same RTS BLVD | e") | 30 | EIN 18907 | | | | |
| | | KEW GARDE | ENS, NY 1 | 1415 | 3c | Administrator's | telephone | number | | |
| | | | | | 718-441-0026 | | | | | |
| | • | in sponsor has changed since the las | | port filed for this plan, enter the | 4b EIN | | | | | |
| I | name, EIN, and the plan number | r from the last return/report. Sponso | r's name | | 4c PN | | | | | |
| 5a | 5a Total number of participants at the beginning of the plan year | | | | | a | | | | |
| | | the end of the plan year | | ł | 5b | | | 2 | | |
| | | th account balances as of the end of | | ł | 30 | | | | | |
| · | | | . , | ` . | 5с | | | 2 | | |
| 6a | Were all of the plan's assets d | uring the plan year invested in eligib | le assets? | (See instructions.) | | | X Ye | s No | | |
| b | | | | ndent qualified public accountant (IQI | | | — ▼ | | | |
| | , | • , | | ons.) | | | ^ Ye | s No | | |
| Da | rt III Financial Informa | | orm 5500- | SF and must instead use Form 550 | 00. | | | | | |
| | | 311011 | | (a) Ba simula na (Man | | (L) F | 1 - ()/ | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year |) | (b) End | d of Year | 22605 | | |
| | Total plan assets | | . 7a | 0 | | | | 0 | | |
| b | · | th from line 7a) | . 7b | 0 | _ | | | 22605 | | |
| <u>C</u> | | 'b from line 7a) | 7c | _ | | 4. | | | | |
| 8 a | Income, Expenses, and Transfo Contributions received or received | | | (a) Amount | | (b) | Total | | | |
| а | | vable IIOIII. | 8a(1) | 34680 |) | | | | | |
| | (2) Participants | | 8a(2) | 0 |) | | | | | |
| | (3) Others (including rollovers) |) | | 0 |) | | | | | |
| b | Other income (loss) | | . 8b | 2601 | | | | | | |
| С | Total income (add lines 8a(1), 8 | 8a(2), 8a(3), and 8b) | 8c | | | | | 37281 | | |
| d | Benefits paid (including direct r | rollovers and insurance premiums | | 0 | | | | | | |
| | to provide benefits) | | . 8d | | _ | | | | | |
| е | | ive distributions (see instructions) | . 8e | 0 | _ | | | | | |
| f | Administrative service provider | rs (salaries, fees, commissions) | 8f | 0 | | | | | | |
| g | · | | . 8g | 14676 | | | | 4.4070 | | |
| h | | Be, 8f, and 8g) | | | | | | 14676 | | |
| į | | e 8h from line 8c) | | | | | | 22605 | | |
| j | Transfers to (from) the plan (se | ee instructions) | 8i | | | | | | | |

| | F | Form 5500-SF 2010 Page 2- | | | | | | | | | | |
|--------|-------------------------|--|---------|----------------|----------|---------------------|-------|-------|------|--|--|--|
| Par | t IV | Plan Characteristics | | | | | | | | | | |
| | If the | plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char- | acteris | stic Co | des in | the instru | ctior | ns: | | | | |
| b | | 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | cteris | tic Co | des in t | he instru | ction | s: | | | | |
| art | | Compliance Questions | | | | | | | | | | |
| 0 | Duri | ing the plan year: | | Yes | No | | An | nount | | | | |
| а | | s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | | | | |
| b | | re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.) | 10b | | X | | | | | | | |
| С | Wa | s the plan covered by a fidelity bond? | 10c | | X | | | | | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty? | 10d | | Х | | | | | | | |
| е | insu | re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.) | 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 end.) | 10q | | X | | | | | | | |
| _ | If th | is is an individual account plan, was there a blackout period? (See instructions and 29 CFR | iog | | X | | | | | | | |
| i | | 0.101-3.) | 10h | | | | | | | | | |
| | | eptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | | | | |
| art | VI | Pension Funding Compliance | | | | | | | | | | |
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | | Yes | X No | | | |
| 2 | ls th | nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 302 of E | ERISA? | | Yes | X No | | | |
| | , | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | | |
| | gran | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver | | | | | | | | | | |
| | - | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Γ | 12b | | | | - | | | |
| D | | Enter the minimum required contribution for this plan year | | | 12c | | | | | | | |
| Ч С | | er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left | | | 120 | | | | | | | |
| a | | ative amount) | | L | 12d | | | | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A | | | |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | | | | |
| 3a | Has | a resolution to terminate the plan been adopted during the plan year or any prior year? | | ····- <u>-</u> | | | | Yes | X No | | | |
| | If "Y | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | | | | |
| b | | | | | | | X No | | | | | |
| С | | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.) | ne pla | n(s) to |) | | | | | | | |
| | 13c(1) Name of plan(s): | | | 12 | c(2) FII | FIN(e) 13c(3) PN(e) | | | | | | |

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. | 10/14/2011 | SIGNED AUTHORIZATION ON FILE |
|------|---|------------|--|
| 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 |

CMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF Benefit Plan 2010 Department of the Treasury Reflietment Income Opeurity Act of 1074 (ERISA), and socition 6068(a) of the This Fo: m is Open to Public Department of Labor Internal Revenue Code (the Code). Part I Annual Report Identification Information 12/317:010 and ending For calendar plan year 2010 or fiscal plan year beginning one-parti ripant plan multiple-employer plun (not multiemployer) single-employer plan A This return/report is for: final return/report first return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC pi agram automatic extension X Form 5558 Check box if filing under: special extension (enter description) Rart II Basic Plan Information—enter all requested information Three-digit فالطساية مجام ia Name of plan HBS INC PROFIT SHAKING PLAM 001 (PN) 🕨 1c Effective date of plan 01/01/:010 (718) 4. 1-0028 Business (:)de (see instructions) 8165 Lefferts Blvd 446190 NY. 11415 Plan administrator's name and address (if same as Plan sponsor enter "Same") Same 3b Administre or's EIN 3c Administra or's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the EIN 4b name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 2 5b b Total number of participants at the end of the plan year..... Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 5c complete this item)..... Yes 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 qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information (i) End of Year (a) Beginning of Year WH-111 Plan Assets and Liabilities 22,605 0 7a Total plan assets..... 0 ø 75 Total plan liabilities..... 22,605 7c Not plan assets (subtract line 7b from line 7a)...... (b) Total (a) Amount Income, Expenses, and Tranzfers for this Plan Year 77.6 8 Contributions received or receivable from: 34,680 8a(1) (1) Employers 8a(2)(2) Participants 8a(3) (3) Others (including rollovers)..... 2, 601 85 b Other income (IDS\$)..... 37,281 ර Total Income (add lines \$a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)..... 0 Certain deemed and/or corrective distributions (see instructions)... 86 ۵ Administrative service providers (salaries, fees, commissions)..... 81 14,67 84 Other expanses..... 14,676 g 8h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 22,605 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... Porm 6800-SF (2010) For Puperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 8500-SF. v.092308.1

| Form 5500-SF 2010 | Page 2- | | | | | | ,, | messeed |
|--|--|---|--|-----------------|---------------------------|-----------------|--|--|
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature. | re codes from the List of | Plan Character | stic Co | des in t | he Insi | uctions: | W. Control | |
| 2E 3D b If the plan provides welfare bonefits, enter the applicable welfare feature 48 | re codes from the List of | Plan Characteri | stic Coc | ies in th | e insti | uctions: | annochement Parenteera | |
| Part V Compliance Questions | - | | Von | No | | Amo | u rest | |
| t reads | | ile and in | Yes | NO | | MILL | 14111 | |
| a Was there a failure to transmit to the plan any participant contributions | within the time period dry y Correction Program) | 10: | <u> </u> | Х | | , | | |
| b Were there any nonexempt transactions with any party-in-interest (o | A HEL MONTH MAN | 10 | _ | x | - | | | Incomercial |
| a vaca the also envered by a fidelity bond? | | | - | <u> ^-</u> | | | | saminally |
| d Did the plan have a loss, whether or not reimbursed by the plan's fide | lity bond, that was cause | | d | х | | | | |
| Were any fees or commissions pull to any brokers, agents, or other named to any brokers. | ersons by an insurance e benefits under the plat | 17 (See | e | X | | | W. Constitution of the Con | |
| in almostic many | | (——— |)f | Х | | | | |
| f Has the plan failed to provide any benefit when due under the plan? | · · · · · · · · · · · · · · · · · · · | | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of h If this is an individual account plan, was there a blackout period? (See | e instructions and 29 Ur | r | | T _x | 7 and 2 1 6 2 1 1 5 | in the second | ya Angal Walio | |
| 2520.101-3.) | equired notice or one of | the | | | 11 T | | | |
| exceptions to providing the notice applied under 29 OFR 2020. TO FO | ** III F | · · · · · · · · · · · · · · · · · · · | *************************************** | San I processor | | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement | Luc //d "Von " due încimer | ions and comple | te Sche | dule Si | 3 (For | n r |] v = 5: | 1 |
| 11 Is this a defined benefit plan subject to minimum funding requirement 5500)) | ter (n. 102) see mener | | ********** | | | · | Yes X | Name and Address of the Owner, where the Owner, which the Owner, which the Owner, where the Owner, which the |
| | | | | | | | Yes X | No |
| granting the walver. | renn senn and sk | in to line 13. | | | Parketters. | | | |
| | ME /1-21111 1-111-1/1 | • | | 12b | T | | | |
| b Enter the minimum required contribution for this plan year | n voor | | .,.,,, | 12c | <u> </u> | | | |
| Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the | | | | 12d | 7 | | | |
| d Subtract the amount in line 12c from the amount in line 12c. Enter the negative amount) Will the minimum funding amount reported on line 12d be met by the | | | | | | es 📗 | No | N/A |
| Will the minimum funding amount reported on line 12d be met by the | : Italianis was | annonne de la constante de la | | ,, | • | | | |
| Part VII Plan Terminations and Transfers of Assets | Capara de la companya | 4.000 | - | | | 1.00 | Yes | ₹ No |
| 13a Plas a resolution to terminate the plan been adopted during the plan 15 Plas a resolution to terminate the plan been adopted during the plan 15 Vivere all the plan assets distributed to participants or beneficiaries, I | repaired to another ple | in, or brought ur | dor tho | 13a centrol | | | Yes | x No |
| b vvere all the plan assets distributed to participants of beneatestable of the PBGC? | . AL: _ I. W & anather No | n/s) identify the | : plan(s) |) to | | | meri ba | _ |
| of the PBGC? C if during this plan year, any 355ets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.) | n this plan to another pro | ar(a), Idamin's are | | 13c(2) | E(N(s) | | 13o(3) F | -N(s)_ |
| 13¢(1) Name of plan(6); | | | Andrew College | | | | | |
| | | | | | | | | |
| | , | | | in est | blish | d. | | |
| Caution: A penalty for the late or incomplete filing of this return/reported by an enrolled actuary, as were | ort will be assessed uni | n of this railitid | у сацье ники. М | 110 10 11 | @ UCSI | טו וווא או | thesia/PP (| 31144 |
| belief, it is true, correct, and complete. | | ARINA MOGI | | | | | | Market III |
| SIGN Signature of District House Harris | - Dylu 6 | Cutor units of ju | dividual | ulgalas | 7 P P | n adm <u>li</u> | ietrator | |
| SIGN | | Enter name of in | dividual | signine | as el | ployer | or plan spo | nsor |
| HERE Signature of employer/plan sponsor | Date | TIME NAME OF IT | | 9 | | | | |