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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			_
Pa	rt II Basic Plan Inform	mation—enter all requested inform	ation			
		Tidelett onto an roquotion inform	ation		1b	Three-digit
		1(K) PROFIT SHARING P LAN				plan number
						(PN) •
					1c	•
	<u> </u>				Ol-	
		ess (employer, if for single-employer	plan)		∠ D	00 0050007
	7.11.0 7.01.7 INC 7.11.10 ELO				2c	, ,
	LVILLE RD N S					631-351-4060
3.110	JIVIINGTON, IVI 11740				2d	
32	Dian administrator's name and	T Complete a inverse in accordance with main interructions to the Form Sources.				
HUNTINGTON FINE ARTS LLC 2 MELVILLE I					30	20-3852627
				11746	3с	
				port filed for this plan, enter the	4b	EIN
1	name, Lin, and the plan numbe	in from the last return/report. Sponso	n s name		4c	PN
5a	Total number of participants at	t the beginning of the plan year			5a	2
b						2
С		• •			0.0	
	•			•	5c	2
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Vac D Na
						res No
Pa			OTTH 5500-	SF and must instead use Form 55	υυ.	
7		41011		(a) Beginning of Year		(h) End of Voor
-			70)	
b	. o.a. p.a accost					
C				19729)	22607
8			. /c	(a) Amount		(b) Total
а				(a) Amount		(b) Total
_			. 8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollovers	s)	. 8a(3)			
b	Other income (loss)		. 8b	2878	3	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			2878
d		•	84			
е						
f						
g g		,				
h	•					0
i						2878
j		ee instructions)				

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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

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

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	11 1110	plan provides wellare benefits, effect the applicable wellare feature codes from the cist of Flan Chara	otoris	110 000	203 111	uic iiisuu	CHOIL	J.	
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Am	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 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		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	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))								X No
2	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								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 instructions, and enter the date of the letter ruling granting the waiver								
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h	1			
		r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left amount)			12d				_
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш.	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	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			Yes	X No
С		ring 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	1				
1	3c(1)	Name of plan(s):	13c(2) EIN(s) 13c(3)) PN(s)		
Cauti	on: 4	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.			
Jnde SB or	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	ırn/rep	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	10/17/2011	LISA HOCK					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	LISA HOCK					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internet Revenue Service

Department of Lebor
Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Complete all entries in accordi	ance with t	ne instructio	ns to the FOIII 3	JVU-41.	
Pa	Annual Report Identification Information	01/01/	72010	and ending	127	31/2010
	he calendar plan year 2010 or fiscal plan year beginning			t multiemplayer)		
				if titutiembiriyer)	L.	me-paricipant pair
Вт		final return/r	•			
	an amended return/report	short plan y	ear return/repo	ort (less than 12 mi	onths) —	1
C	heck box if filing under: 🕱 Form 5558	automatic e	xtension			DFVC program
	special extension (enter description)					
Рa	rt It Basic Plan Information enter all requested inform	nation.				
	Name of plan				1b T	hree-digit lan number
	Huntington Fine Arts, LLC 401(k) Profit Sharing	r P lan				PN) ▶ 001
					<u> </u>	Iffective date of plan
						1/01/2007
2a	Plan sponsor's name and address (employer, if for single-employer plans	an)				Employer Identification Number
	Huntington Fine Arts LLC				· · · · · · · · · · · · · · · · · · ·	EIN) 20-3852627 Plan sponsor's telephone number
	2 Melville Rd N S					(631) 351-4060
					2d E	Business code (see instructions)
	9. Huntington NY 11746	(as TCs**				511000 Administrator's EIN
3 3	Pian administrator's name and address (if same as plan employer, em	ver same")		•	30 /	JOHNERSHAM S CHA
					<u> </u>	
					3C /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/repo	ort flied for this	plan, enter the	4b	EIN
	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
b	Total number of participants at the end of the plan year				£ 1000	2
¢	Total number of participants with account balances as of the end of the				. 5c	2
62	omplete this item) Were all of the plan's assets during the plan year invested in eligible s				· · · · · · · · · · · · · · · · · · ·	Yes □No
	Are you claiming a waiver of the annual examination and report of an					, , , , , , , , , , , , , , , , , , , ,
_	under 29 CFR 2520,104-46? (See instructions on waiver eligibility and					
*************	If you answered "No" to either 6# or 6b, the plan cannot use Form	n 5500-SF a	nd must inst	ed use Form 550	0.	
***************************************	Financial Information	1750 1770 1770				
7	Plan Assets and Liabilities	30.574.63	(a) B	eginning of Year		(b) End of Year
а	Total plan assets	. 7a		19,73	29	22,607
þ	Total plan liabilities	. 7b				
C	Net plan assets (subtract line 7b from line 7a)	. 7c		19,72	29	22,607
8	income, Expenses, and Transfers for this Plan Year			a) Amount		(b) Total
a	Contributions received or receivable from:				(20x2)	
	(1) Employers	. 8a(1)				
	(2) Perticipants	· 8a(2)	L			
Ь	(3) Others (including rollovere).	. 8a(3)		, 3 6		
	Other income (loss)	. 8b	75 1455 147 14 Se	2,8°		<u> </u>
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c		The state of the s		2,878
_	to provide benefits)	- 84			23.2	
8	Certain deamed and/or corrective distributions (see instructions)	. 8e				
f	Administrative service providers (salaries, fees, commissions)	. 8f				
9	Other expenses	. 89				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				0
í	Net income (loss) (subfract line 8h from line 8c).	. 81		Say Control of the Control	7,479	2,878
:	Transfers to (from) the plan (see instructions)	. ej	110 4 12 4 4 W - 21 1	Addition	12 m	20 10 10 10 10 10 10 10 10 10 10 10 10 10

	Form 5500-SF 2010	Pa	ge 2-		lundo.				
Part	IV. Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension feature	e codes from the List	of Plan Character	ristic C	odes i	n the i	natructions:		
	2m 2m 2c 2d								
D	the plan provides welfare benefits, enter the applicable welfare feature	Codes non the car	or real Characters	311C CC	J()() 13	, ., ., ., ., .,	O(1 00 1017)		
Par	V Compliance Questions				,	······································			
10	During the plan year:			r	Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribution	within the time period	described in	10a		x		,	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (December 2015)	o not include transac	ilons reported						
	on line 10a.)			10b	<u> </u>	X			
c	Was the plan covered by a fidelity bond?			10c	ļ	X			
d	Oid the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that was ca	used by fraud	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other pe	reons by an insurance	e carrier,						
	insurance services or other organization that provides some or all of the instructions.)	ле репелия индегиде • • • • • • •	pian ((See	100	<u> </u>	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.)		10g		ж			
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29				22			
	2520,101-3.)			10h	 -	┝	77		
	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	sdrited votice of one	or the	101					
	VI Pension Funding Compliance						····		
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (1500))							Yes	X No
12	is this a defined contribution plan subject to the minimum funding requ							. ∐Yes	X No
	(If "Yes," complete 12g or 12b, 12c, 12d, and 12e below, as applicable								
а		mortized in this plan	year, see instructi	ons, e	and en	ter the			
ſf	granting the waiver you completed line 12s, complete lines 3, 9, and 10 of Schedule ME			71E) { ,	······································	Day	y	(88)	
b	Enter the minimum required contribution for this plan year				٠, [12b	1	**************************************	
C	Enter the amount contributed by the employer to the plan for this plan		. [12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	a result (enter a minu			. [12d			····
6	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		<u> </u>			Yes		∐N/A
نتسنب	VIII Plan Terminations and Transfers of Assets						·		ganamag
13a	Has a resolution to terminate the plan been adopted during the plan y		?	•	· · r			▼ Yes	No
*******	If "Yes," enter the amount of any plan assets that reverted to the emp			- •	<u> </u>	13a	<u> </u>		
t	Were all the plan assats distributed to participants or beneficiaries, for of the PBGC?	ensferred to another	plan, or brought u	nder ti	he con	trof		. Tyes	X No
		this plan to another p	lan(s), identify the	plan(s) to				
	13c(1) Name of plan(s):				1	3c(2) £	EIN(s)	13c(3) PN(s)
	Water Landson		<u> </u>	+-	***************************************				<u> </u>
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed un	lesa ressonable d	.4050	îs est	ablish	ed.		***
SBc	or penalties of perjury and other penalties set forth in the instructions, i or r Schadule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.								
12	A Mark	1							
1 10	Signature of plate attaining trator	Date /0/15/11	Enter name of in	Mista.		ning co	nian Admi	irtento-	
34.5	MAIN	1 1 1 1	Lisa Hock		201 (34))	ensy as	मध्या श्रयस्य	usu eroi	
193.	RE Signature of employer/plan spongor	Date 10/15/1	Enter name of in	ndivád.	- ت استاند		einnla '	r mian ana	
	WALL ALBUREAU AL EMPLOYON PREST OPERIOR	- frefit	LETTER HERING OF H	MAIGE	idi 2181	MIN 62	embiokeco	FPIBIT SPOT	HQF

5500-SF Electronic Filing Authorization

Plan Name:

Huntington Fine Arts, LLC 401(k) Profit Sharing P lan

EIN/PN:

20-3852627/001

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize Heritage Administrative Services. LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

(date)

Plan Spa

(sign)

(date)