Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Co	orporation	▶ Complete all entries in	accord	lance with	the instructions to the Form 5	500-SF	inspection
P	art I Annual I	Report la	dentification Information		ance with	The mandenona to the Form 3	500-01 .	
				/01/2010)	and ending	12/31/2	2010
			single-employer plan	П	multinle-e	mployer plan (not multiemployer)		one-participant plan
	This return/report is t	Í		V	•			Une-participant plan
В	This return/report is t	or:	first return/report	片	final retur	•		
			an amended return/report	Ш	short plan	year return/report (less than 12 n	nonths)	_
С	Check box if filing un	der:	Form 5558		automatic	extension		DFVC program
			x special extension (enter de	escriptio	n) NY-20	11-34		
Pá	art II Basic PI	an Infor	mation—enter all requested	linforma	ition			
	Name of plan	<u> </u>	That of the an requested	i iiii Oiiii C			1b	Three-digit
	Γ AMERICA, INC. 40	1(K) SAVIN	IGS PLAN					plan number
	, ,	() -						(PN) • 001
							1c	Effective date of plan
								01/01/2006
		e and addr	ess (employer, if for single-er	nployer į	olan)		2b	Employer Identification Number
HUIT	Γ AMERICA, INC.							(EIN) 13-3366664
2/10	EAST 48TH STREET	-					2c	Plan sponsor's telephone number 212-826-2175
SUIT	ΓΕ 16-B						24	Business code (see instructions)
NEW	/ YORK, NY 10017						Zu	561490
3a	Plan administrator's	name and	address (if same as Plan spo	nsor. er	ter "Same	e")	3b	Administrator's EIN
	Γ AMERICA, INC.		249 E		TH STRE			13-3366664
					NY 10017		3с	Administrator's telephone number
								212-826-2175
						port filed for this plan, enter the	4b	EIN
	name, EIN, and the p	olan numbe	er from the last return/report.	Sponsor	s name		4c	PN
52	Total number of par	ticinante a	t the heginning of the plan ver	ar				3
	·	·	0 0 , ,				- Ou	
b							5b	0
С						ear (defined benefit plans do not	5c	0
	•							
	•			-		(See instructions.)		Yes No
b						dent qualified public accountant (ons.)		X Yes ☐ No
			•			SF and must instead use Form		······ ⊔ ⊔
Pa	art III Financia							
7	Plan Assets and Lia	abilities				(a) Beginning of Year		(b) End of Year
а				•	7a	876	603	0
b				ĺ	7b		0	0
	•			ŀ		876	603	0
<u>c</u>			7b from line 7a)		7c			
8			fers for this Plan Year			(a) Amount		(b) Total
а			ivable from:		8a(1)		0	
	., . ,			İ	• • •	79	960	
	.,		······		8a(2)		0	
L			:)		8a(3)	-22	206	
b	, ,			ľ	8b	-22	200	F7F A
С			8a(2), 8a(3), and 8b)	1	8c			5754
d		U	rollovers and insurance prem		04	933	357	
_	• ′		#: distrib#: / in atm	ľ	8d		0	
e			tive distributions (see instruct	ĺ	8e		0	
f	Administrative serv	ce provide	rs (salaries, fees, commission	າຮ)	8f			
g	•			ľ	8g		0	
h	Total expenses (ad	d lines 8d,	8e, 8f, and 8g)		8h			93357
i	Net income (loss) (s	subtract lin	e 8h from line 8c)		8i			-87603
i	Transfers to (from)	the plan (s	ee instructions)	[Ωi			

Fo	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

				O i i ai a o c	5. 10 11 0 0										
9a	If th	e plar	prov	ides pensio	n benefits,	enter the a	applicable pe	nsion feature	codes fro	m the Lis	t of Plan	Characteristic	Codes in the	ne instruct	ions:
	2E	2H	2J	3D											

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	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 fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance		•	•	•		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	1
	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 of the PBGC?	under		ontrol	•	X Yes	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	lished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.						
- III	Titled with outborized/valid electronic eigensture						

SIGN	Filed with authorized/valid electronic signature.	10/26/2011	JEANINE MILLMAN
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

Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan

Department of the Transviry Internal Revenue Service

Department of Labor Employee Sensitis Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4985 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(s) of the Internal Revenue Cods (the Code).

2010

OMB Nos. 1210-0110

1210-0089

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1	Complete all emiries in ac	COLUMN WILL	THE INSCREEN TO THE POINT OF	XIO-SIF	, b	
F	Part J Annual Report Identification Information or calendar plan year 2010 or fleest plan year beginning	01/01/20	10	33		
	This return/report is for:		±C and ending rployer plen (not multiemployer)	70.70	12/31/20	
E	This return/report is for:	Mal resum			one-particip	ent plen
	I an amended return/report	hert plan	year return/report (less than 12 m	onths)		
C	Check box if alling under:	automatic e		reserved.	DEVC progr	am ·
ida	X special extension (enter descri	ption) NY-201	11-34			35
_	Part II Basic Plan Information—enter all requested info	rituation		2000	1000 100 100 100 100 100 100 100 100 10	
	HUIT AMERICA, INC. 491(k) SAVINGS PLAN			1b	Three-digit plen number	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					(PN)	001
2	7 Pien shorter's name and orders (<u> </u>	10	Siffsetive date of 01/01/200	ofplan 6
	Plan sporage's name and address (employer, if for single-employ	(et bian)		2b	Employer Identi	fication Number 6664
	249 EAST 48TH STREET			2c		telephone number
	SUITE 16-B NEW YORK		_ NY 10017	2d		(see instructions)
3,	Plan administrator's name and address (if same as Plan sponsor SAME	, enter "Sama")	NI AUVIT	3b	Administrator's	EIN
				3с	Administrator's t	elephone number
4	If the name and/or EIN of the plan apprisor has changed since the name, EIN, and the plan number from the last return/report. Spon	last return/repo	ft filed for this plan, enter the	4b	EN	- 10 mg
				40	DAI	**
	I Taded extends as a fact that a second of the second of t					
58	Total number of participants at the beginning of the plan year			5а	100	Arran Reg
Į,	Total number of participants at the end of the plan year		F14			
C	Total number of participants at the end of the plan year	of the plan yes	(defined benefit plans do not	5a 5b		
G Ba	Total number of participants at the end of the plan year. Total number of participants with account balances as of the end complete title from). Were all of the plan's easets during the plan year invested in edge.	of the plan yes	r (defined benefit plans do not	5a 5b 5c		
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LOIM	2000	SF 2010

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Signature of employer/plan sponsor

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Dres	*	1	$\overline{}$
M-106		4	- 10

9a	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E 2E 20 3D		105 1003					
	2E 2R 2J 3D	eracter	stie Co	odes ir	the ins	ructions	s.r	-
ь	If the plan provides welfere benefits, enter the applicable welfere feature codes from the List of Plan Che	racter	න්ස එද	des in	the Insti	นตรีงกระ	ik.	
	V Compliance Questions	709	10 5	35	1007027 1207			
10	During the plan year:		Yes	No	 	4		<u></u>
	Was there a failure to transmit to the plan any participant contributions within the time period described to SCFR 2510.3-102? (See Instructions and DOU's Voluntary Fiduciary Correction Program)			х	<u> </u>	Arno	unt.	
Þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s.)	10b		X X		~ ~ ~		
¢	was the plan covered by a fidelity bond?	100		1 2	200			
ď	Did the plan have a lose, whether or not reimbursed by the plants find the second that			_X				10.
	were any tees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other programment that provides some or all of the bounds were provided as the bounds.	104	0.0	Х	83			_
f	Has the plan failed to provide any benefit when due under the class?	10m		K	- 43 - 6	1933	70	
Ð	Did the plan have any perticipant loans? If "Yes " arter amount as a fine and a second as a second as a fine and a second as a second a	1CF	[X		14.12	(E):	2
31	if this is an individual account plan, was there a blackers period?	10g		*				
2.5	11 Total Walk Sallowetter 1 Pg. Check the how if crys pither available the annual state of the	10h			1	Ass.		
***	average to providing the House applied under 24 CFR 2520.101-3	151	_ [100.00	:	
11 h	a this a defined transfit plan subject to print year from the same		-				<u> </u>	
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Enter name of individual eigning as employer or plan aponeor