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

2011

This Form is Open to Public Inspection

		dance wit	ii the mstructions to the Form 5500-	-ог.			
	art I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12	/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mor	nths)			
С	Check box if filing under: Form 5558	automatio	extension		DFVC program		
	special extension (enter descript	on)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
B & E	B EAST, INC. PROFIT SHARING PLAN				plan number		
			-	4 -	(PN) 001		
				1C	Effective date of plan 02/17/2006		
	Plan sponsor's name and address; include room or suite number (BEAST PRODUCTIONS, INC.	employer, it	for a single-employer plan)		Employer Identification Number		
	SHEDLER & COHEN, LLP		<u> </u>		(EIN) 20-4370117		
				2C	Sponsor's telephone number 212-564-6656		
	FIFTH AVENUE - SUITE-3505 V YORK, NY 10118-0019		<u> </u>	2d	Business code (see instructions)		
					812990		
	Plan administrator's name and address (if same as plan sponsor,			3b	Administrator's EIN		
Вав	B EAST PRODUCTIONS, INC. 350 FIFTH A NEW YORK		0040	3c	20-4370117 Administrator's telephone number		
_	W			41	212-564-6656		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b EIN 20-4370117			
а	Sponsor's nameB & B EAST, INC.			4c	PN 001		
5a	Total number of participants at the beginning of the plan year		5a				
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No		
b	3						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use lart III Financial Information	-orm 5500-	SF and must instead use Form 550	υ.			
7			(a) Bankarian at Vana		(h) F., J. (1)		
-	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year		(b) End of Year 270193		
a b			0		0		
C			227522		270193		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total		
а					(%) 10.001		
	(1) Employers	8a(1)	49000	_			
	(2) Participants	8a(2)	0	_			
	(3) Others (including rollovers)	8a(3)	0	_			
b	Other income (loss)	8b	-6179				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			42821		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	0				
g	Other expenses	8g	150				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			150		
i	Net income (loss) (subtract line 8h from line 8c)	8i			42671		
j	Transfers to (from) the plan (see instructions)	8i	0				

Form	5500-	SF	201

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- **9a** 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 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	v	Compliance Questions							
0		ng the plan year:		Yes	No		- A	mount	
	Was	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	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	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 t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X N
lf y	If a v gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum required contribution for this plan year.	th	——					
С	Ente	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 tive amount)		[12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Υe	es	No	N/A
art	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 "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Ye	s X N
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	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.						e, a Sc	hed

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.	04/16/2012	JON BECKERMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/16/2012	JON BECKERMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	➤ Complete all entries in acco	rdance with	the instructions to the Form 550	0-SF.				
Pa	irt I Annual Report io	lentification Information							
For t	he calendar plan year 2011 or fis	cal plan year beginning	01/01	/2011 and ending	12	/31/2011			
A 1	his return/report is for:	a single-employer plan	a multiple-e	employer plan (not multiemployer)	Γ	a one-particip	ant plan		
	his return/report is:	the first return/report	the final ret	um/report	_	_ , ,	·		
	Γ	an amended return/report	=	n year return/report (less than 12 mo	nths)				
c /	Check box if filing under:	extension	Γ	DFVC progra	m				
•	Trieck box if filling drider.	Form 5558 special extension (enter description		SALE HOLOH	□ sv vo brogram				
<u>(5</u> 25)		- '							
		mation enter all requested info	ormation.		41-		1		
1a	Name of plan					Three-digit plan number			
	B & B EAST, INC. PROF	IT SHARING PLAN			,	(PN) ►	001		
					1	Effective date o	f plan		
						02/17/2006			
2a	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if for	r single-employer plan)	1		fication Number		
	C/O SHEDLER & COHEN,	•				(EIN) 20-43			
					2C	Plan sponsor's (212) 564-6	telephone number		
	350 FIFTH AVENUE - SU	TTE-3505			2d		(see instructions)		
HS	NEW YORK	NY 10118-0019				812990	(acc manacharia)		
		address (If same as plan sponsor, e	nter "Same")		3b	Administrator's	EIN		
	Same			•					
		•			3c Administrator's telephone number				
				•	"				
_	36 (2 C C T 1			and Elin d'English and an annual la	4 h	513.1			
4	name, EIN, and the plan number	an sponsor has changed since the le er from the last return/report.	ast return/rep	off filed for this plan, enter the	4b		0117		
а	Sponsor's Name B & B EAS				4c	PN 001			
5a	Total number of participants at	the beginning of the plan year			5a		11		
b		the end of the plan year			5b		1		
С	, .	count balances as of the end of the p		•	50		ч		
62				e instructions.)			1 X Yes No		
b	•		•	nt qualified public accountant (IQPA)			⊠163 □140		
~				5.)			X Yes No		
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use Fo	orm 5500-SF	and must instead use Form 5500.					
Pa	rt III Financial Inform	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
a	Total plan assets		. 7a	227,522			270,193		
b	Total plan liabilities		. 7b	0			0		
C	Net plan assets (subtract line 7	b from line 7a)	. 7c	227,522			270,193		
8	Income, Expenses, and Transfe			(a) Amount		(b)	Total		
а	Contributions received or received		. 8a(1)	49,000	(100) (100) (100) (100)				
	()		· - ` · · · · · · · · · · · · · · · · · · 	43,000	3.04%				
	(-/		. 8a(2)	0	47. A				
L	(3) Others (including rollovers)		. 8a(3) . 8b						
b	Other income (loss)	•		(6,179)	ael Rei	· 查算的表示。			
c d		Ba(2), 8a(3), and 8b) ollovers and insurance premiums	• 8c		1970 454 554	entrelle to baseins	42,821		
u	to provide benefits)		. 8d	0		- Muritai			
е	'	ve distributions (see instructions) .	. 8e	0	7,54 17,54 18,54 18,54				
f		s (salaries, fees, commissions)		0					
g	Other expenses		. 8g	150	8000		STEEDINGS		
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)	. 8h				150		
i	Net income (loss) (subtract line	**	. 8i				42,671		
-	Transfers to (from) the plan (se	,	Qi .	n	0.765.20	rowalling asymptotic	4454,000,000,000		

Par	IV Plan Characteristics									
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	2E 2F 2G 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:			Y	es No	Α	mount			
а	Was there a failure to transmit to the plan any participant contribution	ons within the time perio	d described in	.	x					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?	ary Correction Program (Do not include transac	,	0a						
D	on line 10a.)			0ь	х					
c	Was the plan covered by a fidelity bond?		1	0с	х					
d	Did the plan have a loss, whether or not reimbursed by the plan's find or dishonesty?	delity bond, that was ca	used by fraud	0d	х					
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insurance	ce carrier,							
_	insurance services or other organization that provides some or all cinstructions.)	of the benefits under the	plan? (See	0e	x	- 2513001				
f	Has the plan failed to provide any benefit when due under the plan?			0f	х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	1	0g	х					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and 29	CFR 1	0h	x	more while all the Hills	kierichkordini Rochterrinisch			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required notice or one	of the	Oi		\$ 45 50 50 50 \$ 50 50 50 5	la este per la companya de la compa La companya de la co			
	t VI Pension Funding Compliance						<u></u>			
11	ls this a defined benefit plan subject to minimum funding requireme 5500))						Yes X No			
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica-		412 of the Code or s	ection	302 of EF	RISA? .	. Yes XNo			
a		g amortized in this plan	Month	is, and	d enter the Day		letter ruling Year			
b					12b					
С	Enter the amount contributed by the employer to the plan for this pl	lan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)		s sign to the left of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the		· · · · · · · · · · · · · · · · · · ·		· · ·	Yes	No N/A			
Par	t VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any prior ye	*		•	· <u></u>		. Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the en			• •	∙ 13a	L				
k	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another	plan, or brought und	er the	control		. Yes X No			
C	and the second s	m this plan to another p	lan(s), identify the p	lan(s)	to					
	13c(1) Name of plan(s):				13c(2) E	IN(s)	13c(3) PN(s)			
	A		-							
Und SB o	tion: A penalty for the late or incomplete filing of this return/reporter penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well of, it is true, correct, and complete.	I declare that I have ex	amined this return/re	port,	including,	if applicable	, a Schedule wledge and			
Nauga Salaa	SIGN Jon Beckerman									
25.303	RE Signature of plan administrator	Date × 4/9/12	Enter name of indi		signing as	plan admin	istrator			
8	GN X 15 Be		Jon Beckerman							
**********	RE Signature of employer/plan sponsor	Date 14/9/12	Enter name of indi	/idual	signing as	employer o	r plan sponsor			
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