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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries in acc	ordance wit	h the instructions to the Form 5500	D-SF.	Inspection			
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2	011	and ending 1	2/31/20)11			
A	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)	Γ	a one-participant plan			
	This return/report is:	=	eturn/report					
	an amended return/report	片	an year return/report (less than 12 mo	onths)				
_	봄 '	=	extension	лино, Г	DFVC program			
C		ш	, extension	L	_ Dr vC program			
-	special extension (enter descrip							
	art II Basic Plan Information—enter all requested info	rmation		46 -	- 1			
	Name of plan INC PROFIT SHARING PLAN				Three-digit olan number			
ПВО	INCTROTT STARTING FEAR				(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2010			
	Plan sponsor's name and address; include room or suite number	(employer, if	for a single-employer plan)	2b E	Employer Identification Number			
HBS	INC.				EIN) 11-3548907			
				2c 3	Sponsor's telephone number			
	LEFFERTS BLVD			0 d .	718-441-0026			
KEVV	GARDENS, NY 11415			2a E	Business code (see instructions) 446190			
32	Plan administrator's name and address (if same as plan sponsor,	enter "Same	,")	3h /	Administrator's EIN			
HBS	INC. 8165 LEFF	ERTS BLVD		00 /	11-3548907			
	KEW GAR	DENS, NY 1	1415	3c Administrator's telephone number				
					718-441-0026			
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.	e last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
	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 th			00				
	complete this item)		•	5c				
6a	Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report				V vos □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili If you answered "No" to either 6a or 6b, the plan cannot use	•	•		X Yes No			
Pa	rt III Financial Information	FOIII 3300-	or and must mistead use Form 550					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets	7a	22605		42296			
b	Total plan liabilities		0		0			
C	Net plan assets (subtract line 7b from line 7a)		22605		42296			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		, i		(5) 10141			
	(1) Employers	8a(1)	30950					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	2130					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			33080			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)							
e	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)		10000					
g	Other expenses		13389		1000-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				13389			
	N () () () () () () () () () (•						
•	Net income (loss) (subtract line 8h from line 8c)				19691			

F ~ ***	5500	CEC	011	

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

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

art	٧	Compliance Questions								
0	Duri	ng the plan year:		Yes	No	1		An	nount	
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	Was	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 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						8734
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did 1	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		h 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 thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							Yes	X No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						ī	Yes	X No
	If a v	'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	th							
		r the minimum required contribution for this plan year			12b	Т				
				_	12c	_				
	Subt	r the amount contributed by the employer to the plan for this plan yearract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d	_				
е	•	the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		巾	Yes	П	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		3a						
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?		the co	ontrol				Yes	X No
С	If du	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.)	he plai	n(s) to	1			l	_	
1	3c(1)	Name of plan(s):		13	c(2) [EIN	(s)		13c(3) PN(s)
24				:	4-1	<u></u>				
Jnde	r pen	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, ir	cludi	ing,	if app			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/24/2012	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				

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Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110

1210-0089

2011

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	Pension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 5500	O-SF.	l lis	pection
P	art I Annual Report Identification Information					at.
For	calendar plan year 2011 or fiscal plan year beginning)1/01/2	2011 and ending		12/31/201	.1
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-partici	oant plan
	This return/report is:	the final r	return/report	1		·
			an year return/report (less than 12 mo	onthe)		
		•)	П реус	
C			cextension		DFVC progra	ım
7000000000	special extension (enter description					
P	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit	
	HBS INC PROFIT SHARING PLAN				plan number (PN)	001
				10	Effective date o	
				10	01/01/2010	
2a	Plan sponsor's name and address; include room or suite number (el	mplover, it	for a single-employer plan)	2h	Employer Identi	fication Number
	HBS Inc.		The state of the s		(EIN) 11-354	8907
				2c	Sponsor's telep	hone number
					(718) 441-	-0026
	8165 Lefferts Blvd			2d	Business code (see instructions)
	Kew Gardens	deltrum engage gymen i mor	NY 11415		446190	·
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's l	ΞIN
	Same			2-		
				3C	+718	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		
-	name, EIN, and the plan number from the last return/report.		repeat med for and plant, earlier and	<u> </u>	LIIX	
<u>a</u>	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		5b		2	
C	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not			
	complete this item)			<u>5c</u>		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b	The property of the property o					X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo					⊠ res ∏ No
Pa	irt III Financial Information	JIII 3300-	or and must histeau use Form 550	, o.		
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Voor
а	Total plan assets	7a	22,60	5	(b) Liiu	42,296
b	Total plan liabilities	7b	1	0		12,25
	Net plan assets (subtract line 7b from line 7a)		22,60	5		42,296
<u>c</u>		/ 7c		╁-		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal
а	(1) Employers	8a(1)	30,95	0		
	(2) Participants	8a(2)		ol -		
	(3) Others (including rollovers)			ol .	kok basasa	
b	Other income (loss)		2,13	o		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			200		33,080
d	Benefits paid (including direct rollovers and insurance premiums	1				
u	to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g	13,38	9		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				13,389
i	Net income (loss) (subtract line 8h from line 8c)				andro from its foreign statistical and relationship	19,691
i	Transfers to (from) the plan (see instructions)					

part .		~-	~ - 4	
Form	5500	-Si-	201	•

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Par	t IV Plan Characteristics	and the second second								
9a	If the plan provides pension benefits, enter the applicable pension fe $2\mathrm{E}/3\mathrm{D}$	ature codes from th	e List of Plan Characteri	stic Co	des in	the instruc	tions:	· · · · · · · · · · · · · · · · · · ·		
b	If the plan provides welfare benefits, enter the applicable welfare fea $4\mathrm{B}$	ture codes from the	List of Plan Characteris	tic Cod	les in t	he instruction	ons:			
Part	V Compliance Questions							·········		
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·		Yes	No	T	Amount			
а	Was there a failure to transmit to the plan any participant contribution	ns within the time p	eriod described in				Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci				Ж					
a	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include tran	sactions reported 10b		Х					
C	Was the plan covered by a fidelity bond?		10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was	caused by fraud		Х					
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.) 10d									
f	Has the plan failed to provide any benefit when due under the plan?		10f		Σ			***************************************		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)			Х			***************************************		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and :	29 CFR		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the				W MARKET TOTAL TO A S A S A S A S A S A S A S A S A S A			
Part				······································	لجحجيست		·			
-	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see ins	structions and complete	Schedi	ule SB	(Form	Yes	M No		
12	Is this a defined contribution plan subject to the minimum funding re						Yes	No.		
lf y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab If a waiver of the minimum funding standard for a prior year is being granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule Meanth of this plan year.	amortized in this pla	d skip to line 13.	····	nter the Day	e date of th	e lettor rut Year	ing		
	Enter the amount contributed by the employer to the plan for this plan				12c					
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mir	nus sign to the left of a		12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	····		[Yes	No [N/A		
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?				Y	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the emp		Control of the Contro	3a			*********			
b	Were all the plan assets distributed to participants or beneficiaries, triof the PBGC?	ansferred to another	r plan, or brought under	the cor	ntrol		Yes	No No		
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the plan	n(s) to			_			
13	3c(1) Name of plan(s):	***************************************		13c	(2) EIN	J(s)	13c(3)	PN(s)		
	·									
	on: A penalty for the late/or incomplete filing of this return/report									
SB or	penalties of perjury and other penalties set forth in the instructions, t SchedyleyMB completed and signed by an enrolled actuary, as well a it is true, agreet, and complete.	declare that I have as the electronic ver	examined this return/rep sion of this return/report,	ort, inc and to	uding the b	, if applicab est of my kr	le a Scho nowledge :	dule and		
SIGN	1 Weel Miller	9/24/12	HELEN ANGERT							
HERE		Date	Enter name of individu	al sinni	กก ๑๑	ntan admin	ietrator			
			C. NOT HATTIS OF INDIVIDU	ur olyili	ny as	Pian dunin	iou atUl			
SIGN HERE		Date	Enfor name of individual	ol orer		mina in le				
L	I Aidureme at elubioletibian shallson	Mala	Enter name of individu	ai signi	ng aş	employer c	r pian spo	nsor		