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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number HARVEY HEINO REALTY CORP 401K PROFIT SHARING PLAN & TRUST (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HARVEY HEINO REALTY CORPORATION 11-2438618 (EIN) 2c Sponsor's telephone number 718-934-2900 2401 AVENUE U BROOKLYN, NY 11229-4905 2d Business code (see instructions) 531210 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HARVEY HEINO REALTY CORPORATION 11-2438618 2401 AVENUE U BROOKLYN, NY 11229-4905 3c Administrator's telephone number 718-934-2900 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 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..... O Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** 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) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 65259 0 Total plan assets..... 7a n 7b Total plan liabilities..... 65259 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -2007 **b** Other income (loss)..... 8b -2007 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 63252 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 63252 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -65259 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1	
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Part IV	Plan	Charac	teristics
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3B 3D 3H
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	No		۸ ۳۰	ount	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		100			All	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Х				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c	X					2000
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	malata						
	ripiete .	Sched	ule SB	(Form	_	-	_
5500))	•			•	[Yes	
5500))	·······			·····		Yes Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	·······			·····		1	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	 302 of E	 ERISA?	· [Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	02 of E	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	le or se uctions,	ction 3	02 of E	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	le or se uctions, nth	and e	02 of E	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	le or se uctions, nth	and e	nter th	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	le or se uctions, nth t of a	and e	nter th Day	ERISA?	of the le	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	le or se uctions, nth t of a	and e	12b 12c 12d	ERISA?	of the le	Yes etter ru	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	t of a	and e	12b 12c 12d	ERISA?	of the legal Yes	Yes etter ru	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	t of a	and e	12b 12c 12d	ERISA? e date o	of the legal Yes	Yes etter ru	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	t of a	and e	12b 12c 12d X Y	ERISA? e date o	of the legal Yes	Yes etter ru ar No Yes	

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.	10/02/2012	HARVEY HEINO
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Report Guarante Comambia

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

	Complete all entries in acco	ordance w	rith the instructions to the Form 550	0-SF.	iliabaction
	Part I Annual Report Identification Information				
	or calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending		12/31/2011
Α	This return/report is for: X a single-employer plan	a multip	ole-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the fina	l return/report		
	an amended return/report	a short :	olan year return/report (less than 12 m	onths))
C	Check box If filing under: X Form 5558	automa	tic extension		DFVC program
	special extension (enter descript	ion)			
F	Part II Basic Plan Information—enter all requested inform	nation			
	A Name of plan			1b	Three-digit
Н	ARVEY HEINO REALTY CORP 401K PROFIT SHAR	ING PL	AN & TRUST		plan number
				-	(FIN) P
					Effective date of plan 01/01/2003
28	Plan sponsor's name and address; include room or suite number (emplover.	if for a single-employer plan)	├ -	Employer Identification Number
H	ARVEY HEINO REALTY CORPORATION		with a single timployer plany		(EIN) 11-2438618
_	401 31101977 7			2c	Sponsor's telephone number
2	401 AVENUE U				718-934-2900
RI	ROOKLYN NY 11229-4905			2d	Business code (see instructions)
	11 1110 1943				531210
ΗŽ	l Plan administrator's name and address (if same as plan sponsor, e ARVEY HEINO REALTY CORPORATION	enter "Sam	ie")	30	Administrator's EIN 11-2438618
	401 AVENUE U			3с	Administrator's telephone number
BI	ROOKLYN NY 11229-4905		***		718-934-2900
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
a	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	2
b				5b	0
C	Number of participants with account balances as of the end of the	olan vear	(defined benefit plans do not		
	complete this item)			<u>5c</u>	<u> </u>
h	Were all of the plan's assets during the plan year invested in eligib	le assets	(See instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	an indana	ndost austified public accountant (IOF) A \	
.,	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi-	lions.)	°A)	X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condi-	lions.)	°A)	X Yes No
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	and condi-	lions.)	°A)	X Yes [] No
Ра 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities	and condi	lions.)	°A)	(b) End of Year
Pa 7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	and condi orm 5500 7a	(a) Beginning of Year	PA)	
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Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F Intervention	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 6525	99 00 99	(b) End of Year 0
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Pa 7 a b c 8 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F Intervention	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 6525 (a) Amount	99	(b) End of Year 0 (b) Total
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7 a b c 8 a b c d e f g h	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8b 8c 8d 8e 8f	(a) Beginning of Year 6525 (a) Amount	99	(b) End of Year 0 (b) Total

Page 2 -		

Part IV	Plan Characteristics
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Form 5500-SF 2011

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3B 3D 3H

b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the List of Plan Char	acterist	ic Coa	es in ti	ne instruc	ations:		
Part	V Compliance Questions			,					
10	During the plan year:			Yes	No	,	Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	the time period described in ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not in on line 10a.)	nclude transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?		10c	Х					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon or dishonesty?	d, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the benefinstructions.)	by an insurance carrier, fits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	*****	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year en		10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instruction 101-3.)	ctions and 29 CFR	10g		Х		NEED N		
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or one of the	101						
Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y 5500))	es," see instructions and co	mplete	Sched	lule SE	(Form		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirement							Yes	X No
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			•					tJ
а	If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	d in this plan year, see instr	uctions, inth	and e	nter th	e date of	the let Year	ter rul	ling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13	3.	-					
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	**************************************		L	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the le	ft of a		12d			<u>F</u>	
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	N	0	N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year?				X	es 🗌	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another plan, or brough	t under	the co	ntrol		X	Yes	∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify	the pla	n(s) to	•				
1	3c(1) Name of plan(s):			13	c(2) El	N(s)	_ 1	3c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be								
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare Schedule MB completed and signed by an enrolled actuary, as well as the el , it is true, correct, and complete.	that I have examined this re ectronic version of this retur	eturn/rej n/report	port, in t, and t	icluding to the t	g, if applic pest of m	cable, a y knowl	Sche edge	edule and
	L 6000 7 11	, Harvey He	ino						
SIGN		Enter name of		ual sig	ning as	s plan adı	ninistra	tor	
SIG		•							
HER	E Standard of employer/plan engager	Enter name of	individu	ial sign	ning as	s employe	er or pla	an spi	onsor