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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the mstr	uctions to the Form 550	00- 3г.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	1/2012	and ending	12/31/2	2012			
Α .	This ret	urn/report is for:	a single-employer plan	님 ' '	plan (not multiemployer)		a one-participant plan			
В	This retu	urn/report is:	the first return/report	the final return/repor	t					
			an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program			
			special extension (enter desc	cription)						
Pa	art II	Basic Plan Info	rmation—enter all requested ir	formation						
1a	Name o	of plan				1b	Three-digit			
B & B	BEAST,	INC. PROFIT SHARIF	NG PLAN				plan number			
						4.0	(PN) 001			
						10	Effective date of plan 02/17/2006			
2a	Plan sr	onsor's name and add	dress; include room or suite numb	per (employer, if for a single	e-emplover plan)	2b	Employer Identification Number			
B & E	B EAST	PRODUCTIONS, INC ER & COHEN, LLP		(* *)* ,	, . , . ,		(EIN) 20-4370117			
C/O :	SHEDLI	ER & COHEN, LLP				2c	Sponsor's telephone number			
		VENUE - SUITE-3505	5				212-564-6656			
NEW	YORK,	, NY 10118-0019				2d	Business code (see instructions)			
32	Plan ac	dministrator's name an	nd address XSame as Plan Spon	usor Namo Samo as Bl	an Sponsor Address	3h	812990 Administrator's EIN			
Ja	riaii ac	anninstrator s name an	id address Moanie as Flan Spon	ISOI Name Dame as Fig	an Sponsor Address	36	Administrator 5 Lin			
						3с	Administrator's telephone number			
4	If the n	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, optor the	4 h	FIN			
_			nber from the last return/report.	the last return/report filed	ioi tilis piari, eriter the	4b EIN				
а	Sponso	or's name				4c	PN			
5a	Total n	number of participants	at the beginning of the plan year.			. 5a	1			
b	Total n	number of participants	at the end of the plan year			. 5b	1			
С			account balances as of the end of	. , ,	•	. 5c	1			
60		•	and the section of th							
oa b		•	during the plan year invested in the annual examination and repo	• ,	*		X Yes No			
D			? (See instructions on waiver eligi				X Yes No			
			ther line 6a or line 6b, the plan							
Cau	ıtion: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is	established.			
			ner penalties set forth in the instru							
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	rt, and t	o the best of my knowledge and			
Delle	CI, II IS I	rue, correct, and comp	nete.	•	•					
SIG		Filed with authorized/valid electronic signature. 05/10/2013 JON BECKERMAN			JON BECKERMAN	1				
HEF	RE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan administrator			
SIG	N	Filed with authorized/	valid electronic signature.	05/10/2013	JON BECKERMAN					
		Signature of employer/plan sponsor Date Enter name of individua					ual signing as employer or plan sponsor			
HEF		Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual sig	ning as employer or plan sponsor			
	RE		yer/plan sponsor ame, if applicable) and address; i				ning as employer or plan sponsor arer's telephone number (optional)			
	RE									
	RE									

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Pa	Part III Financial Information										
_ <u> </u>	•		(a) Denimina of Vec		1		(b) F	- f V			
_	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End			^	
<u>a</u>	Total plan assets	7a	27019						34802		
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	27019	13	-		348020				
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	5000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	2782	27							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							77827	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
-	Net income (loss) (subtract line 8h from line 8c)	8i							7782		
÷	Transfers to (from) the plan (see instructions)			^					1102		
Poi	, , , , , ,	8j		0							
	2E 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	he instructi	ons.			
-	in the plan provided wonard solicine, often the applicable wonard to	Jataro coa	oo nom the Elector Flam Onara	otorioti	o ood	JO 111 C		0110.			
Par	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)										
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
С				10c		X					
d				10d		X					
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			~					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
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										
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
112	Enter the amount from Schedule SB line 39					11a				—	
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	ne date of t	he le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		. Ga	·		
	Enter the minimum required contribution for this plan year	•			Ι,	12b					
h	Effet the minimum required contribution for this plan year										

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	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 of a negative amount)	12d		
е	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?		Yes X No	
	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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

► Complete all entries in accordance with the instructions to the Form 5500-SE

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pa	Annual Report Identification Information	aution that the mout	0.	<u> </u>				
Ford	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/201	.2			
A T	This return/report is for: x a single-employer plan	a one-pa	articipant plan					
Вт	This return/report is: the first return/report	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C	Check box if filing under: Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter description	on)	'					
Pa	rf II Basic Plan Information enter all requested info	rmation						
1a	Name of plan			1b Three-digit				
	B & B EAST, INC. PROFIT SHARING PLAN			l plan numb (PN) ▶	001			
				1c Effective d 02/17/2	·			
2a	Plan sponsor's name and address; include room or suite number (B & B EAST PRODUCTIONS, INC.	employer, if for a singl	e-employer plan)	2b Employer I	dentification Number			
	C/O SHEDLER & COHEN, LLP				-4370117			
	350 FIFTH AVENUE - SUITE-3505				telephone number 64-6656			
	330 FIFTH AVENUE - SUITE-3505				code (see instructions)			
	NEW YORK NY 10118-0019	N	Blee One and the	812990				
Ja	Plan administrator's name and address X Same as Plan Spons	or Name [] Same as	Plan Sponsor Address	3b Administra	tors EIN			
				3c Administra	toris tolophone number			
				3c Administrator's telephone number				
		· ··		<u> </u>				
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	1			
þ	Total number of participants at the end of the plan year			5b	1			
C	Number of participants with account balances as of the end of the complete this item)			5c	1			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instru	ctions.)	·····	X Yes □No			
þ	Are you claiming a waiver of the annual examination and report of		ed public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	,.,.	and must instead use		X_YesNo			
Car	ution: A penalty for the late or incomplete filing of this return/n							
	der penalties of perjury and other penalties set forth in the instruction							
SB	or Schedule MB completed and signed by an enrolled actuary, as							
	ief, it is true, correct, and complete.	- C/1/15						
SI	gn = f	171115	Jon Beckerman	<u> </u>				
HE	Signature of plan administrator	Date /	Enter name of individua	vidual signing as plan administrator				
spotsible in	GN ()) () () () () () () () () (15/1/12	Jon Beckerman	· · ·	<u>-</u>			
	RE Signature of employer/plan sponsor		individual signing as employer or plan sponsor					
Pre	parer's name (including firm name, if applicable) and address; inclu-	ide room or suite numl	per (optional)	Preparer's telepi	hone number (optional)			

Pa	fill Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year			
	Total plan assets	7a	270,1	93		348,020					
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	7c	270,1	93	<u> </u>			348,0	020		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) To				
а	Contributions received or receivable from:		<u> </u>								
	(1) Employers	8a(1)	50,0		9379						
	(2) Participants	8a(2)		0	200000			g despite (Fat).			
	(3) Others (including rollovers)	8a(3)		0	20.000 E						
	Other income (loss)	8b	27,8	27							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			lii Liine on o	Hother I have		77,8	327		
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	2/2/						
_	Administrative service providers (salaries, fees, commissions)	Bf		0				ne includence. Pagagalaka			
	Other expenses	8g	<u> </u>	-	1410-101		Taga harberi (1910)				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	vin male utili zaman ni kali da kazigi.		[March]	Malliner	agiiladaad kega	<u>Japan semiana.</u>	<u> </u>		
	Net income (loss) (subtract line 8h from line 8c)	8i						77,8			
	Transfers to (from) the plan (see instructions)	8j		0	######################################	Bug II.	San Garaga	Siddian A.			
Q10-00120		l ol	<u> </u>		History	progery	51.150.41.74.1841.774.271.				
3	20070440009200										
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in i	he instructi	ons:			
\rightarrow	2E 2F 2G 3D		· · · · · · · · · · · · · · · · · · ·								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	ns:			
	香港运输物		<u> </u>								
	rt V Compliance Questions		· · · · · · · · · · · · · · · · · · ·		Υ		T	· .			
<u>10</u>	During the plan year:				Yes	No	<i></i>	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?		***************************************	10c		х					
þ	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud					•			
	or dishonesty?			10d		x					
е	insurance service or other organization that provides some or all of	of the bene	fits under the plan? (See	40-		x					
	instructions.)			10e		<u> </u>					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		х	ii jakuva. Mareenii				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Pa	TVI Pension Funding Compliance			1.01		<u> </u>			<u>Darbistoru</u>		
11											
14	5500) and line 11a below)		••					Yes_	X No		
	Enter the amount from Schedule SB line 39				.,	11a	EDICA C	· 	<u>ज्</u> याः		
12	Is this a defined contribution plan subject to the minimum funding	-		or sec	ction 3	02 of	ERISA?	∐ ∐ Yes	X No		
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being			tions	254 -	nto- t	ho data of th	ha latter :::	ling		
a	granting the waivergranting the waiver				and 6	enter t _ Da		ne letter ru Year	g		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b			······································			12b					
	and the financial required contribution for the plan year minima	***************************************			,,,,,,				_		