

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 section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SEVENTH GENERATION, INC. RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
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2a Plan sponsor's name and address (employer, if for single-employer plan) <u>SEVENTH GENERATION, INC.</u> <u>60 LAKE STREET</u> <u>BURLINGTON, VT 05401</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) <u>03-0300509</u></td> </tr> <tr> <td>2c Plan sponsor's telephone number <u>802-658-3773</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>03-0300509</u>	2c Plan sponsor's telephone number <u>802-658-3773</u>	2d Business code (see instructions) <u>423990</u>	
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> </tr> <tr> <td>4c PN</td> </tr> </table>	4b EIN	4c PN		
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4c PN					
5a Total number of participants at the beginning of the plan year	5a <u>119</u>				
b Total number of participants at the end of the plan year	5b <u>119</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c <u>119</u>				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					

Part III	Financial Information																																										
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Part IV Plan Characteristics**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 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

10	During the plan year:	Yes	No	Amount
a	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)	☒	☐	15019
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	☐	☒	
c	Was the plan covered by a fidelity bond?	☒	☐	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
e	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.)	☒	☐	21578
f	Has the plan failed to provide any benefit when due under the plan?	☐	☒	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	☒	☐	35088
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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 VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c 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	

e 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 during the plan year or any prior year? ☐ Yes ☒ 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 control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE	Filed with authorized/valid electronic signature.	05/17/2011	JOHN LEBOURVEAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/17/2011	JOHN LEBOURVEAU
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110
1210-0089**2010**This Form is Open to Public
Inspection

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

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning	01/01/2010	and ending	12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan
B This return/report is for:	☐ first return/report	☐ final return/report	
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)	
C Check box if filing under:	☐ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information --- enter all requested information.

1a Name of plan Seventh Generation, Inc. Retirement Plan	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/2002
2a Plan sponsor's name and address (employer, if for single-employer plan) Seventh Generation, Inc. 60 Lake Street US Burlington VT 05401	2b Employer Identification Number (EIN) 03-0300509
	2c Plan sponsor's telephone number (802) 658-3773
	2d Business code (see instructions) 423990
3a Plan administrator's name and address (If same as plan employer, enter "Same") Same	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 119
b Total number of participants at the end of the plan year	5b 119
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 119
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4,578,234	5,855,944
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4,578,234	5,855,944
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	418,753	
(2) Participants	8a(2)	778,763	
(3) Others (including rollovers)	8a(3)	38,650	
b Other income (loss)	8b	750,375	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,986,541
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	686,802	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	22,029	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		708,831
i Net income (loss) (subject line 8h from line 8c)	8i		1,277,710
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**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 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	☒		15,019
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		☒	
c Was the plan covered by a fidelity bond?	☒		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	☒		21,578
f Has the plan failed to provide any benefit when due under the plan?		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	☒		35,088
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b** _____

c 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** _____

e 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 during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

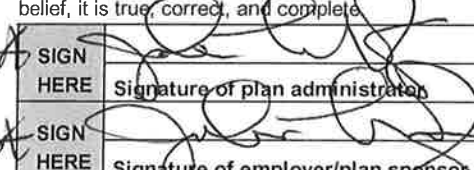
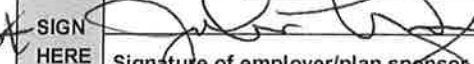
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE		Date <u>5-3-11</u>	John Lebourveau Enter name of individual signing as plan administrator
SIGN HERE		Date <u>5-3-11</u>	John Lebourveau Enter name of individual signing as employer or plan sponsor

**Return of Excise Taxes
Related to Employee Benefit Plans**(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979
4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Filer tax year beginning January 1, 2010 and ending December 31, 2010	
A Name of filer (see instructions) Seventh Generation, Inc.	B Filer's identifying number(see instructions) Employer identification number (EIN) 03-0300509
Number, street and room or suite no. (If a P.O. box or foreign address, see instructions) 60 Lake Street	Social security number (SSN)
City or town, state, and ZIP code Burlington VT 05401	
C Name of plan Seventh Generation, Inc. Retirement Plan	E Plan sponsor's EIN 03-0300509
D Name and address of plan sponsor Seventh Generation, Inc. 60 Lake Street Burlington VT 05401	F Plan year ending (MM/DD/YYYY) 12/31/2010
H If this is an amended return, check here ☐	G Plan number 001

Part I Taxes. You can only complete one Section of Part I for each Form 5330 filed (see instructions).

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)		FOR IRS USE ONLY
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4
5a Section 4978 tax on ESOP dispositions	209	5a
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities	203	6
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7
		4.80
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8 1/2 months after the last day of the plan year that ends within the filer's tax year		
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees		
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11
12 Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17		12
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year		
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13

Name of Filer: **Seventh Generation, Inc.**Filer's identifying number: **03-0300509****Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

14 Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶ 204 **14**

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15 Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, Line 17 ▶ 228 **15**

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16 Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 ▶ 237 **16**

Part II Tax Due

17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) **17** 4 80

18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return **18**

19 Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) " on your payment ▶ **19** 4 80

* **Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

802-540-3510

5-10-11

Telephone number

Date

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address, and zip code

EIN

Phone no.

Name of Filer: **Seventh Generation, Inc.**Filer's identifying number: **03-0300509****Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972)****Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), or 408(k), or 408(p))	1		
2	Amount allowable as a deduction under section 404	2		
3	Subtract line 2 from line 1	3		
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year	7		
8	Subtract line 7 from line 6	8		
9	Tentative taxable excess contributions. Add lines 3 and 8	9		
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10		
11	Taxable excess contributions. Subtract line 10 from line 9	11		
12	Multiply line 11 by 10%. Enter here and on Part 1, line 1 ▶	12		

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3))**Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers (see instructions)	1		
2	Amount excludable from gross income under section 403(b) (see instructions)	2		
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3		
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4		
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5		
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6		
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7		
8	Taxable excess contributions. Add lines 3 and 7	8		
9	Multiply line 8 by 6%	9		
10	Enter the value of your account as of the last day of the year	10		
11	Multiply line 10 by 6%	11		
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2 ▶	12		

Name of Filer: **Seventh Generation, Inc.**Filer's identifying number: **03-0300509****Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) (continued)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):a ☒ discreteb ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions).

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	12/31/2010	late deposit of salary deferrals	32.00	4.80
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **4.80****4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) ☒ Yes ☐ No

Filer's identifying number: 03-0300509

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions)

[illegible]

1 Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans)(see instructions)

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans)(see instructions)	1		
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a	2		

Name of Filer: **Seventh Generation, Inc.**

Filer's identifying number: 03-0300509

Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 1/2 months after the last day of the plan year that ends within the filer's tax year

	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1				
2 Shortfall paid by the due date	2				
3 Net shortfall amount	3				
4 Multiply line 3 column (e) by 10% (5% for multiemployer plans). Enter here and on Part I, line 9a				4	

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8 1/2 months after the last day of the plan year that ends within the filer's tax year

1 Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status	1		
a Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a		
b Enter the amount of the accumulated funding deficiency	1b		
c Enter the greater of the line 1a or line 1b, here and on Part I, line 10b	1c		
2 Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2		
a Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a		
b Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted	2b		
c Multiply line 2b by \$1,100	2c		
d Enter the greater of line 2a or line 2c, here and on Part I, line 10c	2d		

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1 Did you make an election to be taxed under section 4977? ☐ Yes ☒ No			
2 If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid			
3 If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3		
4 Enter 30% of line 3 on this line and on Part I, line 11	4		

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1 Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), 501(c)(18) or excess aggregate contributions	1		
2 Multiply line 1 by 10% and enter here and on Part I, line 13	2		

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1 Date reversion occurred	MM	DD	YY	
2a Employer reversion amount				
b Excise tax rate				
3 Multiply line 2a by line 2b and enter the amount here and Part I, line 14	3			
4 Explain below why you qualify for a rate other than 50%:				

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1 Enter the number of applicable individuals who were not provided ERISA section 204(h) notice	1		
2 Enter the effective date of the amendment	2		
3 Enter the number of days in the noncompliance period	3		
4 Enter the total number of failures to provide ERISA section 204(h) notice (see instructions)	4		
5 Multiply line 4 by \$100. Enter here and on Part I, line 15	5		
6 Provide a brief description of the failure, and of the correction, if any			

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1 Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to	1		
2 Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16	2		

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089**2010**

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning	01/01/2010	and ending	12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan
B This return/report is for:	☐ first return/report	☐ final return/report	
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)	
C Check box if filing under:	☐ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information --- enter all requested information.

1a Name of plan Seventh Generation, Inc. Retirement Plan	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/2002
2a Plan sponsor's name and address (employer, if for single-employer plan) Seventh Generation, Inc. 60 Lake Street US Burlington VT 05401	2b Employer Identification Number (EIN) 03-0300509
	2c Plan sponsor's telephone number (802) 658-3773
	2d Business code (see instructions) 423990
3a Plan administrator's name and address (If same as plan employer, enter "Same") Same	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 119
b Total number of participants at the end of the plan year	5b 119
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 119
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4,578,234	5,855,944
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4,578,234	5,855,944
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	418,753	
(2) Participants	8a(2)	778,763	
(3) Others (including rollovers)	8a(3)	38,650	
b Other income (loss)	8b	750,375	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,986,541
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	686,802	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	22,029	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		708,831
i Net income (loss) (subject line 8h from line 8c)	8i		1,277,710
j Transfers to (from) the plan (see instructions)	8j		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2010)
v.092308.1

Part IV Plan Characteristics**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 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	☒		15,019
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		☒	
c Was the plan covered by a fidelity bond?	☒		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	☒		21,578
f Has the plan failed to provide any benefit when due under the plan?		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	☒		35,088
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b** _____

c 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** _____

e 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 during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

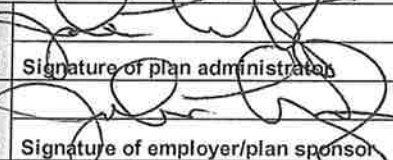
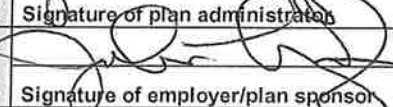
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE		Date <u>5-3-11</u>	John Lebourveau Enter name of individual signing as plan administrator
SIGN HERE		Date <u>5-3-11</u>	John Lebourveau Enter name of individual signing as employer or plan sponsor