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

2010

This Form is Open to Public Inspection

Р	art I Annu	al Report I	dentification Inform	ation						
For	calendar plan ye	ar 2010 or fis	cal plan year beginning	01/01/201	10	and ending	12/31/2	2010		
Α	This return/repor	t is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/repor		first return/report		final retur	n/report				
			an amended return/rep	oort	short plar	ryear return/report (less than 12 m	onths)			
_	Check box if filin	a undor:	Form 5558	<u> </u>	<u> </u>	extension	,	DFVC program		
C	Check box ii iiiiii	g under.	special extension (ente	L or descripti	1	CATCHSION		_ Di vo piogram		
D	nut II Donie	Dian Info	<u> </u>	•	,					
		Pian Intor	mation—enter all reque	sted inform	nation		1h	Three-digit		
	Name of plan	LILTING LL	C. 401(K) SAVINGS PLAN				טו	nlan number		
LVL	NORLEN CONC	OLTINO, L.L.	5. 401(IV) OAVIIVOOT LAIV					(PN) • 001		
							1c	Effective date of plan		
								01/01/2006		
	Plan sponsor's I		lress (employer, if for singl	e-employe	r plan)		2b	Employer Identification Number		
EVE	RGREEN CONS	ULTING, L.L.	J.				20	(EIN) 02-0636785 Plan sponsor's telephone number		
	UMMIT DRIVE	4740					20	631-271-1945		
HUN	ITINGTON, NY 1	1743					2d	Business code (see instructions)		
							01	519100 		
	Plan administrate RGREEN CONS		d address (if same as Plar 5.	sponsor, e O SUMMIT		e")	30	Administrator's EIN 02-0636785		
			Н	UNTINGTO	ON, NY 117	743	3c	Administrator's telephone number		
								631-271-1945		
						eport filed for this plan, enter the	4b	EIN		
	name, EIN, and	ine pian numb	er from the last return/repo	oπ. Spons	or's name		4c	PN		
5a	Total number o	f participants a	at the beginning of the plar	n vear				2		
b								3		
С							0.0			
							5c	3		
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	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.)									
Pa		cial Inform		illiot use i	01111 0000	or and must mistead use i orm.				
7	Plan Assets an					(a) Beginning of Year		(b) End of Year		
а					7a	2145	14	285019		
	Total plan liabil				7b					
С	Net plan assets	(subtract line	7b from line 7a)			2145	14	285019		
8			sfers for this Plan Year			(a) Amount	mount (b) Total			
а	Contributions re					668	00	· ·		
	(1) Employers				8a(1)	000	00			
	., .						_			
	(3) Others (including rollovers)									
b	`	,				214	20	00000		
C	,	, ,	, 8a(2), 8a(3), and 8b)		8c			88228		
d		paid (including direct rollovers and insurance premiums le benefits)								
е										
f	Administrative service providers (salaries, fees, commissions)									
g				,						
9 h	•		, 8e, 8f, and 8g)							
i			ne 8h from line 8c)							
i	•	, ,	see instructions)							

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		•	
Part IV	Dian	('hara	cteristics
гант	ган	Ullala	ししせいろいしょ

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b 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	Dur	ing the plan year:		Yes	No		Amoun	it
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				180000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh 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						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Y	es X No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es 🏻 No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b			
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120			
u		ative amount)tie 12c nom the amount in line 12b. Enter the result (enter a minus sign to the left			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			Y	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought be PBGC?	under	the co			Y	es 🛚 No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	130	(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	<u> </u>	
Inde B or	r pen Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/rep	port, ir	cludin	ng, if appl		

SIGN	Filed with authorized/valid electronic signature.	09/22/2011	HENRY WHITTELSEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/22/2011	HENRY WHITTELSEY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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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 lifed 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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	artil Annual Report Identification Information	HSF.
	the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending	12/31/2010
	This return/report is for: X single-employer plan [multiple-employer plan (not multiemployer)	one-participant plan
В	This return/report is for: Instiraturn/report Instiraturn/report	
	an amended return/report short plan year return/report (less than 12 month	ė)
C	Check box if filing under: X Form 6558 automatic extension	.gamag.
	special extension (enter-description)	☐ DFVC program
Þ	Basic Plan Information enter all requested information.	
	Name of plan	
		1b Three-digit plan number
	Evergreen Consulting, L.L.C. 401(k) Savings Plan	(PN) ► 001
		1C Effective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer plan)	01/01/2006 2b Employer Identification Number
	Evergreen Consulting, L.L.C.	(EIN) 02-0636785
	50 Summit Drive	2c Plan sponsor's telephone number
		(631) 271-1945
	Huntington NY 11743	2d Business code (see Instructions)
3а	Plan administrator's name and address (If same as plan employer, enter "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	4b EIN
	name, EIN and the plan number from the last return/report, Sponsor's Name	4c PN
5a	Total number of participants at the beginning of the plan year	
b	Total number of participants at the end of the plan year.	5a 2 5b 3
C	I old number of participants with account balances as of the end of the plan year (defined henefit plans do not	
6a	complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	50 3
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes No
*-	under 29 CFR 2520.104-469 (See instructions on walver 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.	
	Halli Financial Information	
7	Plan Assets and Liabilities (a) Beginning of Year	(b) End of Year
a	Total plan assets	285,019
b	Total plan liabilities 7b	
Ç.	Net plan assets (subtract line 7b from line 7a) 7c 214,514	285,019
8	Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a	Contributions received or receivable from:	
	(1) Employers	
	(2) Participants	
b		
c	Other income (loss)	
ď	Benefits paid (including direct rollovers and insurance premiums	88,228
	to provide benefits)	
ė	Certain deemed and/or corrective distributions (see instructions) 8e	
f	Administrative service providers (salaries, fees, commissions) 8f	
g	Other expenses	Control of the Control of the Control
h	Total expenses (add lines 8d, 8e, 8f, and 8g) , 8h	17,723
j	Net income (loss) (subtract line 8h from line 8c).	70,505
ï	Transfers to (from) the plan (see instructions)	HAVE THE TAXABLE PARTY OF THE PARTY OF THE PARTY.

***************************************	Form 5500-SF 2010 Page 2-						
Par	TIV Plan Characteristics		سبب خسم				
		<u> </u>					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte 2E 2J 2R 3H	ristic	Codes	in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic C	odes i	n the h	structions:		
Pai	Compliance Questions	(1)	···············		****		
10	During the plan year:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	*		·
a	Was there a failure to transmit to the plan any participant contribution within the time period described in	-	21.03.	1	AI	nount	(***)*********************************
b	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program). Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		X			· · · · · · · · · · · · · · · · · · ·
	oniming society () в в в в в в в в в в в в в в в в в в	10b		Х			
c d	Was the plan covered by a fidelity bond?	10c	ж			1.6	30,000
M	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			х		**************************************	(CHIANATI, I
е	Ware any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d	·····	^	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	institution services of other organization that provides some or all of the benefits under the plant? /See						
f	monutants, e e e e e e e e e e e e e e e e e e e	100		X		· · · · · · · · · · · · · · · · · · ·	
-	Has the plan felled to provide any benefit when due tinder the plan?	10f		X			
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g	***************************************	x		-	
7.5	2020,(01:0)	10h		x		E Plant (
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 GFR-2520,101-3			<u> </u>	1000		
Part	VII Pension Funding Compliance			يرتجينات			
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	ete Sc	heduk	: SB (F	orm	Yes	isti
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	apolic	n 202	្តា <u>្រ</u>	OAD	Yes [
	(ii res, complete 128 of 120, 120, 120, and 120 below, as applicable.)						<u>v 1340</u>
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver Output Output	ins, ái th	nd enti	er the o	late of the le	iter-ruling	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	*********	**********				
b	Enter the minimum required contribution for this plan year	• 3		12b			
d	Enter the amount contributed by the employer to the plan for this plan year	τ.E		12c			
•	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	ж ч т			Yes	No "	N/A
Pant	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	* *	* a	* +		Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	- 		13 a			
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unit of the PBGC?			ol		Yes [
С	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.)	olan(s) to	,	. ,	in the	šr lido.
	3c(1) Name of plan(s):		13	c(2) E	N(s)	13c(3) P	N(s)
					-	1	1.2
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			ļ	****
		1				ŀ	

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

Under penalties of perjury and other penalties sociorith in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and styling 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.

icher, it issue, correct/end complete/	
SIGN TO MANAGE	Henry Whittelsey
HERE Signature of prior administrator	aty P2/// Enter name of individual signing as plan administrator
sign / to // ////	// Henry Whittelsey
HERE Signature of amployer/plan sponsor	pate 9/22/1/ Enter name of individual signing as employer or plan sponsor