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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n) NY-20	11-34		
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan	20011		1b	Three-digit
	E.C. RENTAL CORP. RETIREMENT TRUST				plan number
				_	(PN) ▶
				10	Effective date of plan 01/01/1996
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2b	Employer Identification Number
	E.C. RENTAL CORP.	ρ.α,			(EIN) 13-3752729
125	MIEST 10TH STREET			2c	Plan sponsor's telephone number 212-727-1941
	WEST 18TH STREET V YORK, NY 10011				Business code (see instructions)
				Zu	532400
	Plan administrator's name and address (if same as Plan sponsor, er			3b	Administrator's EIN
I.K.	E.C. RENTAL CORP. 435 WEST 18 NEW YORK,			20	13-3752729
				36	Administrator's telephone number 212-727-1941
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		40	DNI
	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				
b	Total number of participants at the end of the plan year				6
C	Total number of participants with account balances as of the end of			5b	•
	complete this item)		•	5c	6
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b	- ,				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Tes No
Pa	art III Financial Information	JIIII 0000	or and must instead use Form of		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	223593	6	31990
b	Total plan liabilities	. 7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	223593	6	31990
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а		- 40		0	
	(1) Employers			0	
	(2) Participants	8a(2)		0	
h	(3) Others (including rollovers)		6a(3)		
b	` '	8b	2020		-28206
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			
u	to provide benefits)	. 8d	217574	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	
g	Other expenses	. 8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2175740
	Not income (loca) (quibtre et line Ob from line Co)	I			0000040
ı	Net income (loss) (subtract line 8h from line 8c)	8i			-2203946

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Part IV	Plan	(`hara	cteristics
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SIGN HERE

Signature of employer/plan sponsor

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

D		e pian provides weitare benefits, enter the applicable weitare featu		-iot of Flam Offara			200 111		J110.	
Part	V	Compliance Questions								
10		ring the plan year:				Yes	No	,	Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Deline 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				300000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е	insı	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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			
•		his is an individual account plan, was there a blackout period? (See			iog					
	252	20.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the re reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
	grai	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rul Year	-
If y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	I skip to line 13.		Г	401			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	neg	etract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d			7
		the minimum funding amount reported on line 12d be met by the fu	unding 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 ye	ear or any prior yea	r?					X Yes	No
		es," enter the amount of any plan assets that reverted to the employees					13a			0
	of t	re all the plan assets distributed to participants or beneficiaries, tran he PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1	
1:	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	le cau	se is	establ	ished.		
Under SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I directly and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicat		
SIGN	ı F	iled with authorized/valid electronic signature.	0/24/2011	OLEH SHARANE	VYCH	H				
HERI	Ε	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admir	nistrator	

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 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 6068(a) of the Internal Revenue Code (the Code):

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

1210-0089

OMB Nos, 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information	· · · · · · · · · · · · · · · · · · ·						
For	calendar plan year 2010 or fiscal plan year beginning	0 <u>1/0</u> 1/201	. O and ending	100 - 100	12/31/2010			
	This return/report is for: X single-employer plan		ployer plan (not multiemployer)	ļ	one-participant plan			
В	This return/report is for:	final relum/r	ep ort					
	an amended return/report	short plan ye	ear return/report (less than 12 mo	anths)	State.			
C	Check box if filing under: X Form 5558	automatic e	dension]	DFVC program			
	X special extension (enter descrip		1-34					
	art II Basic Plan Information—enter all requested infor	mation	22436	115.1.5.111				
1a	Name of plan T.R.E.C. RENTAL CORP. RETIREMENT TRUST				Three-digit plan number (PN) 001			
					Effective date of plan 01/01/1996			
2a	Plan sponsor's name and address (employer, if for single-employ- T.R.E.C. RENTAL CORP.	er plan)		2b	Employer Identification Number (EIN) 13-3752729			
	435 WEST 18TH STREET			_	Plan sponsor's telephone number (212) 727-1941			
	NEW YORK	132_22	NY_10011		Business code (see instructions) 532400			
3a	Plan administrator's name and address (if same as Plan sponsor, ${\sf SAME}$	enter "Same")		3Ь	Administrator's EIN			
				3c Administrator's telephone number				
	f the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spon:		rt filed for this plan, enter the	4b EIN				
		ov. o name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	23			
b	Total number of participants at the end of the plan year			5b				
C	Total number of participants with account balances as of the end complete this item).	of the plan yea	r (defined benefit plans do not	5c				
6a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use	of an independe y and condition:	ent qualified public accountant (fi	QPA}				
Pa	rt III Financial Information	E 1972	222	-03-303	27.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2,235,9	36	31,990			
b	Total plan liabilities	7ь	52 70 430 3002	ୀ				
C	Net plan assets (subtract line 7b from line 7a)	7c	2,235,9	36	<u>31</u> ,990			
8	Income, Expenses, and Transfers for this Plan Year	a \$	(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants		2000 C	0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	(28,20)	5)				
C	Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)	8c	2000 - 20		(28,208)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,175,7	40	**************************************			
е	Certain deemed and/or corrective distributions (see instructions).	8e		0,				
f	Administrative service providers (salaries, fees, commissions)	8f	\$1 A2	0				
g	Other expenses	8g	22000	0	Kh. Halla			
'n	Total expenses (add lines 8d, 8e, 8f, and 8g)		165-22: 01:		2,175,740			
i	Net income (loss) (subtract line 8h from line 8c)	8I	1963	\top	(2,203,946)			
i	Transfers to (from) the plan (see instructions)	0 0		0	1027			
ForF	aperwork Reduction Act Notice and ONB Control Numbers, see the instruct	ions for Form 55	10-SF.	-1	Form 5500-SF (2010)			

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Form 5500-SF 2010

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Deset 157	Dian Characteristins	

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:

2E 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							77.50	310	75 - 177 (T) (V)
10	Durk	ng the plan year:		3	. (1)	Yes	No		Amo	ount	
	29 (Was there a fallure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)					х	19			
Þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х				
C	Was the plan covered by a fidelity bond?					х				30	0,000
d	Did t or di	the plan have a loss, whether or not reimbursed by the plan's fidelity shonesty?	y bond, that was	caused by fraud	104		Х				
e	Were insur	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the l uctions.)	sons by an insur benefits under th	ance carrier, e plan? (See	10a		х		32.50	10.0000	**************************************
f	Has	the plan failed to provide any benefit when due under the plan?			10f	žį į	×				••••
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of ye	er end.)		10g		х				- 3
h	lf this	s is an individual account plan, was there a blackout period? (See in	nstructions and 2	9 CFR	10h	-	Α.	\$3 \$3			
i	If 101	h was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	10i		07.5007			10	
Part \	/1	Pension Funding Compllance						20 20 3			7016
11	s this	s a defined benefit plan subject to minimum funding requirements?	(If "Yes." see ins	tructions and com	plete	Sched	ule SE	(Form		Yes	∏ No
ff ye b	au ço Enter Enter	ting the walver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule M8 (r the minimum required contribution for this plan year. r the amount contributed by the employer to the plan for this plan year. ract the amount in line 12c from the amount in line 12b. Enter the re	(Form 5600), and	d skip to line 13.		- [12b 12c				
	negar	tive amount)				L	12d	1 0200	п.		1 1111
7716 2016 20	A CONTRACTOR	the minimum funding amount reported on line 12d be met by the fun	iding deadline?			·····	ere (Yes	Π,	lo	N/A
Part \		Plan Terminations and Transfers of Assets			(=3.5000)					1000	
		a resolution to terminate the plan been adopted during the plan year					A 17/201-104	BANK .	X	Yes	No
b 1	Nere	es," enter the amount of any plan assets that reverted to the employ all the plan assets distributed to participants or beneficiaries, trans	ferred to another	plan, or brought u	ınder	the co	13a ntrol		П	Yes	
C	fdur	e PBGC?							Ш	162	⊠ wα
13	c(1)	Name of plan(s):				130	(2) Ell	N(s)	1 1	13c(3)	PN(s)
	93511	20 2028 10 7 020 10 10						0.30.F).	Ī	1.	
		Λ	1000 DAG MANA	****							
Cautio	n: A	penalty for the late or incomplete filing of this return/report wi	ili be assessed i	uniess reasonabi	e cau	se is e	stabli	ig hed,	- 50		
SB or a	Sche	utles of perjury and other penalties set forth in the instructions, I dea dule MB completes and signed by an enrolled actuary, as well as tr rue, correct/ and complete.	clare that I have one dealer that I have one dealer than the clark that I have one dealer that I have one dealer than the clark that I have one dealer than the clark that I have one dealer than the clark that I have one de	examined this return/s sion of this return/s	m/rep report	ort, inc , and &	cluding the b	g, if applications and applications are set of my	able, a know	a Sche ledge :	dule and
SIGN	1	XI Mu	0/13/11	OLEH SHARAN	NEVY	CII	-5000	W W - 15.00	007		-
HERE		A SANCTON CONTRACTOR OF THE SANCTOR	ate	Enter name of in			ing as	plan adm	ninistra	ator	
SIGN		1000		50.000 50.0000 50.000 50.000 50.000 50.000 50.000 50.000 50.000 50.000 50.000 5	A179.556						
HERE	S	ilgnature of employer/plan sponsor Da	ate	Enter name of in	dividu	al sign	ing as	employe.	r or pla	an epo	ngor