## Form 5500-SF

Department of the Treasury Internal Revenue Service

## **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

2011

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation ▶ 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 ECOLOGICAL, LLC 401(K) RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ECOLOGICAL, LLC 26-2878767 (EIN) 2c Sponsor's telephone number 212-354-1620 267 BROADWAY, FLOOR 3 NEW YORK, NY 10007 2d Business code (see instructions) 531110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 267 BROADWAY, FLOOR 3 26-2878767 ECOLOGICAL, LLC NEW YORK, NY 10007 3c Administrator's telephone number 212-354-1620 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..... 25 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 20 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 274140 341723 Total plan assets..... 7a n 0 7b Total plan liabilities..... 274140 341723 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: 49091 8a(1) (1) Employers ..... 116753 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -15786 **b** Other income (loss)..... 8b 150058 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 82475 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e

8f

8g

8h

8i

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) ......

82475

67583

0

0

0

Form	5500-S	F 2011	

Dart 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 2G 2J 2K 2T 3D

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

	in the plant provides werrare betteritis, effect the applicable werrare readure codes from the bist of Frant characters.									
art										
0	During the plan year:		Yes	No	,	Amou	nt			
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)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X						
С	Was the plan covered by a fidelity bond?	10c	X					40000		
d	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	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.)							3139		
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		Χ						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X							
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	10i	X							
art	VI Pension Funding Compliance									
11										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ī,	Yes	X 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									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b						
	Enter the minimum required contribution for this plan year.									
	Enter the amount contributed by the employer to the plan for this plan year		-	12c						
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			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									
l3a	Has a resolution to terminate the plan been adopted in any plan year?			\	′es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
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.)	e plai	n(s) to	)		_		<u> </u>		
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13	Bc(3)	PN(s)		
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					olo o	Sobo	dulc		
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	09/29/2012	LINDSAY MCLEAN
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 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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Identification Informatio						
_F	or calendar plan year 2011 or fis	scal plan year beginning	01/01	/2011 and ending		12/31/2011		
Α	This return/report is for:	X a single-employer plan	a multip	a multiple-employer plan (not multiemployer)				
В	This return/report is:	the first return/report	the fina	the final return/report				
		an amended return/report	a short	olan year return/report (less than 12 mo	onths	)		
С	Check box if filing under:	X Form 5558	Ħ	tic extension		DFVC program		
	ovices box is ming arraon.	special extension (enter des	ш	•		_ bi vo program		
P	art II Basic Plan Info	rmation—enter all requested i						
-	Name of plan	mation—enter an requested r	niormation	·	1h	Three-digit		
		(K) RETIREMENT PLAN			עו	plan number		
	,	(,				(PN) D001		
					1c	Effective date of plan		
						01/01/2008		
28 E0	l Plan sponsor's name and add COLOGICAL, LLC	dress; include room or suite num	ber (employer,	if for a single-employer plan)	2b	Employer Identification Number		
~`	conocient, the			,		(EIN) 26-2878767		
26	7 BROADWAY, FLOOR	3			2c	Sponsor's telephone number		
	,				24	212-354-1620		
NE	EW YORK	NY 10007		İ	Zu	Business code (see instructions) 531110		
3a	Plan administrator's name an	d address (if same as plan spons	sor, enter "Sam	ne")	3h	Administrator's EIN		
EC	COLOGICAL, LLC	,	,	,		26-2878767		
26	7 BROADWAY, FLOOR				3с	Administrator's telephone number		
4	If the name and/or FIN of the	NY 10007	the lest return	/report filed for this plan, enter the	41.	212-354-1620		
•	name, EIN, and the plan num	nber from the last return/report.	e the last return	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	· •			4c	PN		
5a	Total number of participants a	at the beginning of the plan year			5a	22		
b	Total number of participants a	at the end of the plan year			5b	25		
	Number of participants with a	ccount balances as of the end of	f the plan year	(defined benefit plans do not				
					5c	20		
				? (See instructions.)		X Yes No		
D	Are you claiming a waiver of t	the annual examination and repo	ort of an indepe	ndent qualified public accountant (IQP tions.)	A)	X Yes No		
	If you answered "No" to eit	her 6a or 6b. the plan cannot u	ise Form 5500	-SF and must instead use Form 550	 O.			
Pa	rt III Financial Inform	nation			··			
7	Plan Assets and Liabilities			(a) Beginning of Year	T	(b) End of Year		
а	Total plan assets		7a	274140		341723		
b	Total plan liabilities		7b			0		
C	Net plan assets (subtract line	7b from line 7a)	7с	274140		341723		
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or received	eivable from:						
				49091	-			
	(2) Participants		8a(2)	116753	3			
_ 、		3)			)			
	, ,			15786	5			
		8a(2), 8a(3), and 8b)				150058		
d	Benefits paid (including direct	rollovers and insurance premium	ns	82475				
е		tive distributions (see instructions		02473				
		·						
		rs (salaries, fees, commissions).		0				
g h	•	On Of and On		0				
		8e, 8f, and 8g)				82475		
i		e 8h from line 8c)ee instructions)	<u> </u>	-		67583		
	Transiers to (HOIII) the pidil (St	56 H 186 GORON 187		ι ()	No.			

	Form 5500-SF 2011 Page <b>2</b> -							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des ir	the instr	ruction	ns:	
_	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara							
Par	t V Compliance Questions		,					
10	During the plan year:		Yes	No		An	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	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	х					3139
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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х					
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	10i	х					
Part	VI Pension Funding Compliance	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					[	Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	tions, th	and e	nter th Day	e date of	f the le	etter ruli ar	ng 
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<u></u>					
þ	Enter the minimum required contribution for this plan year	• • • • • • • • • • • • • • • • • • • •		12b	ļ			
	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 negative amount)		L	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u></u>	Yes		No [	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	· · · · <u>· · · · · · · · · · · · · · · </u>		Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder t	he cor	ntrol 			Yes	X No
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.)	e plan	(s) to					
1	3c(1) Name of plan(s):		13c	(2) Ell	۷(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	X John	x 3/2/1-	LINDSAY MCLEAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	A Control of the Cont	x 1/25/12	LINDSAY MCLEAN
urne l	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor