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

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011		
	This return/report is for: a single-employer plan	the final r	-employer plan (not multiemployer) eturn/report	ntha)	a one-particip	ant plan	
C	an amended return/report Check box if filing under: Form 5558 special extension (enter description)	automatic	in year return/report (less than 12 mo	[DFVC progra	m	
Pa	Irt II Basic Plan Information—enter all requested information	ation					
	Name of plan ECLAMATION, LLC PROFIT SHARING PLAN				Three-digit plan number (PN)	002	
				10	Effective date of 01/01/		
	Plan sponsor's name and address; include room or suite number (exECLAMATION, LLC	mployer, if	for a single-employer plan)		Employer Identif (EIN) 27-18		er
	ROST STREET, SUITE # 115				Sponsor's telepl 516-483	3-1196	
	TBURY, NY 11590	otor "Como	.9\		Business code (54170 Administrator's E	0	ns)
	Plan administrator's name and address (if same as plan sponsor, er ECLAMATION, LLC 123 FROST SWESTBURY,	STREET, S	SÚITE # 115		27-18 Administrator's t	67431	mber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	516-483		
2	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI		
	Total number of participants at the beginning of the plan year		тс 5а			3:	
b	Total number of participants at the end of the plan year		<u> </u>	5a 5b			-
	Number of participants with account balances as of the end of the p complete this item)	olan year (d	defined benefit plans do not	5c			
_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either 6a or 6b, the plan cannot use Fo	an indeper and conditi	ndent qualified public accountant (IQP ons.)	'A)		X Yes	No No
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	790856		. ,		0
b	Total plan liabilities	. 7b	0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	790856				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	0				
	(2) Participants	8a(2)	0	_			
	(3) Others (including rollovers)	8a(3)	0	_			
b	Other income (loss)	8b	34390			0.400	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3439	<u> </u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	816616				
e	Certain deemed and/or corrective distributions (see instructions)	8e	0 8630				
Ť	Administrative service providers (salaries, fees, commissions)	. 8f	0				
g	Other expenses (Addition 2d 2g 2f and 2g)	. 8g	U			00504	8
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-79085	
 	Net income (loss) (subtract line 8h from line 8c)					-1 3000	<u> </u>
J	Transfers to (from) the plan (see instructions)	8j					

Form		

Page 2 -	1
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Part IV	Plan	Characteristics
aitiv	ı ıaıı	Ullai actel istics

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

)	V Compliance Questions During the plan year:		Yes	No		Amount	
	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			
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		X			
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		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	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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver	th					
-	rou 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			120 12c			
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d			
e	negative amount)				Yes	No	N/A
art '							
	Has a resolution to terminate the plan been adopted in any plan year?			XY	es No	<u> </u>	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			
	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.)	ne plai	n(s) to				
1:	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return		,	,	<i>-</i>	,	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/06/2012	BECKY KONG
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

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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▶ 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

P	art I Annual Repor	t Identification Information							
For	the calendar plan year 2011 o	r fiscal plan year beginning	01/01	/2011	and ending	12,	/31/2011		
Α	This return/report is for:	x a single-employer plan	a multiple-e	employer plan	(not multiemployer)		a one-participa	ant plan	
В	This return/report is:	the first return/report	the final ret	urn/report		_			
		an amended return/report	=		eport (less than 12 mg	nths)			
_	Ob - 1 b - 16 60	H	automatic		opon (1000 man 12 me	······o,	DFVC progran	•	
C	Check box if filing under:			KIGHSIOH			Di ve program		
		special extension (enter description							
		ormation enter all requested inf	ormation.			141			
1a	Name of plan						hree-digit lan number		
	BIORECLAMATION, LLC	PROFIT SHARING PLAN				1	PN) ▶	002	
						120 200 500	ffective date of	plan	
•							1/01/2002		
Za	Plan sponsor's name and ad BIORECLAMATION, LLC	ldress; include room or suite number (e	mployer, if for	single-employ	er plan)		mployer Identifi		
							EIN) 27-186		
							(516) 483-1	lephone number	
	123 FROST STREET, S	GUITE # 115					Business code (s		
פוו	WESTBURY	NY 11590					41700		
3a	ASSESSED AND LAND OF THE PROPERTY.	nd address (If same as plan sponsor, e	nter "Same")			3b A	dministrator's E	IN	
	Same	, , , ,							
						3c A	dministrator's te	elephone number	
<u> </u>	If the name and/or FIN of the	a plan anamar has shanged since the l	ant roturn/rone	et filed for this	plan, optor the	4b E	IN		
4		e plan sponsor has changed since the la mber from the last return/report.	ast return/rept	ort illed for this	plan, enter the	and comments			
a	Sponsor's Name	•				4c P	N .		
		at the beginning of the plan year				5a		32	
b	And the second s	at the end of the plan year				5b		0	
С	a reservoisses that althorization at a	account balances as of the end of the p	500			5c		0	
6a		during the plan year invested in eligible						X Yes No	
b	Are you claiming a waiver of	the annual examination and report of a	n independen	t qualified pub	olic accountant (IQPA)				
		? (See instructions on waiver eligibility a						X Yes No	
D		ther 6a or 6b, the plan cannot use Fo	rm 5500-SF a	na must inste	ead use Form 5500.				
7	art III Financial Info	rmation		(a) R	eginning of Year		(b) End o	of Year	
	Plan Assets and Liabilities		7-	(a) D			(b) End (
a	Total plan assets		. 7a		790,856	+		0	
b	Total plan liabilities .	7h from line 7a)	. 7b			_		0	
<u>с</u> 8	Net plan assets (subtract line Income, Expenses, and Tran		. 7c		790,856 (a) Amount		(b) T		
a	Contributions received or rec		The second				\-/	CASC SAME	
			. 8a(1)		0				
	(2) Participants		. 8a(2)		0				
	(3) Others (including rollove	ers)			0				
b					34,390				
C), 8a(2), 8a(3), and 8b)	. 8c		ESTERNIS CONTRACTOR	100		34,390	
d	Andread Programme Company of the Com	ct rollovers and insurance premiums	. 8d		816,616				
е		ective distributions (see instructions) .			0				
f		ders (salaries, fees, commissions)			8,630				
g	· · · · · · · · · · · · · · · · · · ·				0				
h		d, 8e, 8f, and 8g)			Service Page			825,246	
i		ine 8h from line 8c)	0000			5		(790,856)	
j		(see instructions)							

		Form 5500-SF 2011	P	age 2-		_				
Par	IV	Plan Characteristics								7
9a	f the	plan provides pension benefits, enter the applicable pension featur	e codes from the Lis	st of Plan Characte	ristic	Codes	in the	instruction	ns:	Con Service in the
b	f the	2A 2E 3D plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Character	istic C	odes i	n the i	nstructions	ч	
	10000									
-	t V	Compliance Questions	and the second second			,				
10		ing the plan year:	74 . 4		-	Yes	No		Amount	
а	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time peri- Correction Program	od described in	10a		x		C. DOOR OF BOOM	
b	We	re there any nonexempt transactions with any party-in-interest? (Do	not include transac	tions reported			x		211111111111111111111111111111111111111	227
		ine 10a.)			10b		-			- 4
d		s the plan covered by a fidelity bond?			10c		X	-		-
		lishonesty?	ty bond, that was ca	used by traud	10d		x			
e		re any fees or commisions paid to any brokers, agents, or other per							Aire the second	· · · · · · · · · · · · · · · · · · ·
		urance services or other organization that provides some or all of the ructions.)			10e		x	İ		
f		the plan failed to provide any benefit when due under the plan? .			10f		x		-	78 - 3 - 7 - 7
g		the plan have any participant loans? (If "Yes," enter amount as of y			-	ME.	x		-	-
h	lf th	is is an individual account plan, was there a blackout period? (See	instructions and 29	CFR					ac section	STANISH STA
		0.101-3.)			10h		X			
	exc	Th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	quired notice or one	of the	10i					
	SELECTION OF THE PERSON NAMED IN	Pension Funding Compliance				inia cult	21, 41		tion one, with	
11	Is the	ils a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instr	uctions and comple	ete Sc	hedule	SB (F	Form	Пуе	s X No
12		is a defined contribution plan subject to the minimum funding requi	and the second s	The state of the s	ACCOUNT 1	1,100		the state of the s	. _Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable			0,000		-, -, ,		. —	
a		waiver of the minimum funding standard for a prior year is being an								
If v	gra ou c	nting the waiver	(Form 5500), and s	kip to line 13.	ith		Day	·——	Year	
b	2	er the minimum required contribution for this plan year				. [12b			
C	Ent	er the amount contributed by the employer to the plan for this plan	year , .				12c			
d	Sut	tract the amount in line 12c from the amount in line 12b. Enter the					12d		200	P. 14. 0
		ative amount)			• •	٠ _		Yes	No	□N/A
Part	ti Silmonian.	the minimum funding amount reported on line 12d be met by the fi Plan Terminations and Transfers of Assets	unding deadline? .			•	-			Line
13a		a resolution to terminate the plan been adopted in any plan year?		1			To have been		x Ye	s No
		es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a		1000	0
b		re all the plan assets distributed to participants or beneficiaries, tran	sferred to another p	lan, or brought un	der the	contr	ol			
С		ne PBGC? uring this plan year, any assets or liabilities were transferred from the	M. 180 El 12 At 181	an/s) identify the	· ·	10	• •		. X Ye	s No
_		ch assets or liabilities were transferred. (See instructions.)	ns planto another pr	anto, identity the	zian(s	10	_			
	3c(1	Name of plan(s):			age - c age	13	c(2) E	IN(s)	13c(3) PN(s)
					-				7.10	
		V 1992-1994		2, 10		· leave				
Cauti	on: A	penalty for the late or incomplete filling of this return/report wi	II be assessed unk	ess reasonable ca	use l	s esta	blishe	d.		
Unde	pen	allies of perjury and other penalties set forth in the instructions, I de	clare that I have exa	mined this return/r	eport,	includ	ling, if	applicable	, a Schedu	le
		dule MB completed and signed by an enrolled actuary, as well as t true, correct, and complete.	ne electronic version	or this return/repo	иц an	u io in	e pest	or my kno	wieuge an	The Land
SIG	880		08- Sep 2012	BILL TEMPONI	:					
HE	500200B -C		Date	Enter name of inc	lividua	al signi	ng as	plan admir	nistrator	
SIG	N	Belly	28- Sep 2012	BILL TEMPON	1			- 4		wh.
HE	RE	Signature of employer/plan sponsor	Date	Enter name of inc	lividua	l signi	ng as	employer o	or plan spo	nsor