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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.		
Pá	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α .	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
C	Check box if filing under: Form 5558	automatic	extension		X DFVC progra	m
	special extension (enter descriptio	n)				
Pa	irt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan				Three-digit	
BIO-I	MEDIA, INC. PROFIT SHARING PLAN				plan number	
					(PN)	001
				10	Effective date of 01/01	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [Employer Identit	fication Number
BIO-	MEDIA, INC.			((EIN) 13-33	31759
				2c 3	Sponsor's telep	
107 V APT.	VEST 25TH STREET			24 (212-25	
	YORK, NY 10001			Zu	3usiness code (54199	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's I	ΞΙΝ
	MEDIA, INC. 107 WEST 25 APT. 4D					31759
	NEW YORK,	NY 10001		3c /	Administrator's t 212-255	elephone number 5-9400
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN T	
	Total number of participants at the beginning of the plan year			- Ou		;
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					Voc □ 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		•			X Yes No
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	300.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	194801		(4) =	450
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	194801			450
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:	- 40	0			
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
L	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-15322			-15322
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-13322
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	179029			
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				179029
i	Net income (loss) (subtract line 8h from line 8c)	8i				-194351
j	Transfers to (from) the plan (see instructions)	8j	0			

Form	5500.	SF.	201

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- 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:

Part V Compliance Questions							
0 During the plan year:		Yes	No		Am	ount	
a 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)	n 10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C 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 fraudor dishonesty?	10d		X				
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.)	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		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						
Part VI Pension Funding Compliance	ı						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					[Yes	X No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						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 inst granting the waiver							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	_					
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		L	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)			12d				
e 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 in any plan year?			X	es	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	nt under	the co	ntrol			Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to					
13c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3) PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able cau	use is	establi	shed.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retu	eturn/re	port, in	cluding				edule

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/05/2012	ANDREW BOBROW
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/05/2012	ANDREW BOBROW
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

р	art I Annual Report Identification Information					
	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12	/31/2011
	This return/report is for: x a single-employer plan	· ·		(not multiemployer)		a one-participant plan
		•		(not makemployer)	L	a one-participant plan
Ь	This return/report is: the first return/report	the final ref	•			
	an amended return/report	a short plai	n year return/i	eport (less than 12 mo		
С	Check box if filing under:	automatic e	extension		x	DFVC program
	special extension (enter description)				
P	art II Basic Plan Information enter all requested infor	mation	1 111 1			
	Name of plan	madon.			1b 1	hree-digit
	·				p	lan number
	BIO-MEDIA, INC. PROFIT SHARING PLAN					PN) ▶ 001
						Effective date of plan 01/01/1990
<u>2a</u>	Plan sponsor's name and address; include room or suite number (em	plover, if for	single-emplo	ver plan)		Employer Identification Number
	BIO-MEDIA, INC.	, ,		, F,	i .	EIN) 13-3331759
					<u> </u>	Plan sponsor's telephone number
	107 West 25th Street					(212) 255–9400
	Apt. 4D				2d E	Business code (see instructions)
US	NEW YORK NY 10001					341990
3a	Plan administrator's name and address (If same as plan sponsor, enter	er "Same")		,	3b A	Administrator's EIN
	Same					. · ·
					3c /	dministrator's telephone number
						·
4	If the name and/or EIN of the plan sponsor has changed since the las	t roturn/ron	art filed for thi	a nian contar the	4b E	ZINI
4	name, EIN, and the plan number from the last return/report.	i returnirep	on med for thi	s plan, enter the	<u> </u>	
_a	Sponsor's Name				4c F	'N
5a	Total number of participants at the beginning of the plan year				5a	3
b	Total number of participants at the end of the plan year				5b	1
С	Number of participants with account balances as of the end of the pla complete this item)				5c	1
6a						
b	Are you claiming a waiver of the annual examination and report of an	-				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	.)			XYes No
113840.011	If you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-SF	and must ins	tead use Form 5500.		
Pa	rt III Financial Information				-	
7	Plan Assets and Liabilities		(a) B	eginning of Year	_	(b) End of Year
а	Total plan assets	7a		194,801		450
b	Total plan liabilities	7b		0	_	0
C	Net plan assets (subtract line 7b from line 7a)	. 7c		194,801		450
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b		(15,322)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(15,322)
d	Benefits paid (including direct rollovers and insurance premiums					(15,322)
⊸	to provide benefits)	. 8d		179,029	4	and the state of t
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e		0		
f	Administrative service providers (salaries, fees, commissions)	. 8f		0		an ne man esta de callenga esta camba de la la la la callenga. Se camba esta esta por esta de la callenga de la callenga esta callenga esta callenga esta callenga esta callen
g	Other expenses	. 8g		0	9.80	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				179,029
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				(194,351)
i	Transfers to (from) the plan (see instructions)	. 8j		0		

Pal	t IV Plan Characteristics	an menunda dinendir delimente en minimente en menunda de menunda de la companione de la companione de la compa	**************************************	in al Colombia to Many No.			
	If the plan provides pension benefits, enter the applicable pension feets	are codes from th	e List of Plan Characte	eristic (Codes in the	: instruction:	
*	25 30 If the plan provides walfare benefits, enter the applicable walfare feature.	es andes bore tha	1 Car of Olymp Character	datia Cu	udas kadaa i	natus cationma	
D	it the stan provides williare benefits, entir the applicable weralle statut	A CODES EDIE DE	List Of Flatt Olids wither	rano ot	JUUS HIJIIQ	nsaucnons.	
p _a	tV Compliance Questions	emercenne and market and market and a state of the state	libridi vor chiali delimente materioria mayorama e metro e e e e e e e e e e e e		200 BC 122224-400 124-30-400-104-3-40-40-40-40-	X X	
10	Quing the plan year:		ildi-landarian manara manda manara manara manara 1999.		Yes No	į	Amount
a	Was there a faiture to transmit to the plan any participant contribution	s within the time	period described in	40-	x		
1	29 CFR 2510.3-1027 (See instructions and OOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	y Correction Prop	yram)	10a	14070014301411	***********	region of 40 of EC 2000 COMM or on 2 common black by an annumber of the common of the
IJ	or line 10a)		z	106	Х		
G	Was the plan covered by a fidelity bond?			10c	Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauti						
	or dishonesty?		* * * * * : *	10d	X		
¢	Were any facts or commissions paid to any brokers, agents, or other p	ersons by an ins	rance carrier.				
	instructions.)	the benefits unde	t que blaco (see	100	X		
f	Has the plan tailed to provide any benefit when due under the plan?			101	x		
q	Did the can have any participant loans? (If "Yes," enter amount as of		* * * * * * * *	10g	×		
h	If this is an individual account plan, was there a blackout period? (Sec	e instructions ara			x	and Waller	
	2520.101-3.)			10h	A		
i	If 10h was answored "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	redrined volice of	one or the	101		gji (mrvasviji	
Par	Pension Funding Compliance		•				ASSESSED TO THE PROPERTY OF TH
11	is this a defined benefit plan subject to minimum funding requirement	ls? (If "Yes," see	qmos tans ancifountani	letë Sci	hedule SB (Form	. ∐Yes ⊠blo
	55001) is this a defined contribution plan subject to the minimum funding req	i t a v 2 a a	in standard Marks w	r caetin	n 302 af iii	21802	deposition of the state of the
12	ts this a defined contribution plan subject to the minimum renoring request for "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	raisisens or sec	IOH 412 N NO 6036 W	i Desiro	s i system all own	316077	t transcript Econopys
	If a weiver of the maximum funding standard for a prior year is being a	amostized in this	rian veiar, see instructi	ions, az	ul anter the	date of the	letter rating
a	consider the walker		· · · · · · · · · · · · · · · · · · ·	uh	Day		Year
Ħ	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), 4	and skip to line 13.		12b	Times and a second second second	
b	Enter the minimum required contribution for this plan year		• • x 7 > 5 •				THE RESIDENCE OF ANY TAX OF A COURT OF STREET, THE STR
C	Enter the amount contributed by the employer to the plan for this plan	nyear	4 4 4 X 6 + T	e x Em	* Caroneson-ee		f hat destinant are statut and described writering a second secon
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (onter a r		* ^.	12d		
63	Will the minimum funding amount reported on line 12d be met by the	funding deadline	? <u></u>			☐ Yes	□NO □NA
*****	VII Plan Terminations and Transfers of Assets	······································	CO.CO CO AND				×*************************************
ومستثثث	Has a resolution to terminate the plan been adopted in any plan year	7	3 - 4 + 6 *	k >		i 9	XYES TNO
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		4 6 S	- 13a		Ö
F1	Were all the plan assets distributed to participants or beneficiaries, tr	ensferred to ano	her plan, or brought u	nder th	e cantrol		, Tyes XNo
-	addisa December		* * * * * * * * * * * * * * * * * * * *				· [] 165 [A] (80
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	Eliz hear to arov	191 birming wanted we	S Bortonelo	., .,	- Marian and the second	chaquaiforeameneesianin varianin variable (EF) == 100 millionin variable
·	13c(1)Name of plan(s):			Jones and States and States	13c(2) !	(SIN(S)	13c(3) PN(s)
******	2.36 () (153 (16 2) () () () () () () () () ()		ATTENDED TO THE STATE OF THE ST	1			
			- Commence of the second		The state of the s	en la seriente	
	1964(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)						
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	ion: A penalty for the late or incomplete filing of this return/report ar penalties of perjury and other penalties set forth in the instructions, I	the state of the said in the said	tive accommensation come about the first term		C A STREET STATE OF THE STATE O	11 4313131314413131	, a Schedule
Und sa	ar panalties of perjury and other penalties set forth in the instructions, it is Schedulg MB completed and signed by an enrolled actuary, as well a	is the electronic v	ersion of this return/re	port, a	nd to the be	st of my kn	owledge and
belie	f. it is true, correct, and complete.		. 	.:biioqquioq	. a part o distribution de de la constanta de	DOGGOOD SOCIETY WHEN IN THE COLUMN	
	on Undruly		Andrew Bob		eo escenda anti-ministra mente.		
1 1 1 Y 1 1 1	RE Signature of plan administrator	Date	Enter name of a	ndividu	al signing e	s pien aami	INSTRUCTION OF THE PROPERTY OF
-	No. of the second secon	, 1990.	44 (2000) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second s	territorial del del del del del del del del del de	A CONTRACTOR OF STREET
\$15 march	RE Signature of employer/plan sponsor	Date	Enter name of i	ndividu	at signing a	s employer	or plan spersor
4, 1011 1	and the same of th						

Form 5500-SF 2011