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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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		7 Complete un chines in de	cordance with the mot	uctions to the Form 550	U-3F.					
Part I		t Identification Information								
For calen	dar plan year 2012 or	fiscal plan year beginning 01/01/	2013	and ending 0	8/31/2013					
	eturn/report is for: eturn/report is:	plan (not multiemployer)	а	one-particip	oant plan					
D IIIIS I	eturr/report is.									
_		an amended return/report	H	urn/report (less than 12 m	· —					
C Check	box if filing under:	Form 5558	automatic extension			FVC progra	ım			
		special extension (enter desci	iption)							
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation							
1a Name	e of plan	·			1b Thre	ee-digit				
ECOLOGIC	CAL, LLC 401(K) RETI	REMENT PLAN				number				
					(PN	,	001			
					1c Effe	ctive date of	•			
						01/01/				
2a Plan ECOLOGIO	sponsor's name and a CAL, LLC	ddress; include room or suite number	er (employer, if for a singl	e-employer plan)	2b Emp (EIN		fication Number			
						'/	hone number			
267 PDOA	DWAY FLOOR 2				20 Spo	212-35				
	DWAY, FLOOR 3 K, NY 10007				2d Business code (see instruction					
					531110					
3a Plan	administrator's name	and address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b Adm	ninistrator's I				
ou i iuii	administrator o name t	and address Moanie as Flair opens		an oponson Address	OD /tail	iii iioti atoi o i				
					3c Adm	ninistrator's t	elephone number			
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
		umber from the last return/report.			4					
	sor's name				4c PN					
_		s at the beginning of the plan year			5a		26			
b Tota	I number of participant	s at the end of the plan year			5b		(
		account balances as of the end of		•						
	,				5c) 			
		ts during the plan year invested in e					X Yes No			
		of the annual examination and repor					X Yes □ No			
		6? (See instructions on waiver eligib					N 163 ∐ 140			
		either line 6a or line 6b, the plan o								
Caution:	A penalty for the late	or incomplete filing of this return								
			tions. I declare that I hav	e examined this return/rep	oort, includi					
Under per		other penalties set forth in the instruc			and to the	hact of my				
Under per SB or Sch		and signed by an enrolled actuary, a			, and to the	e best of my	Knowicage and			
Under per SB or Sch	nedule MB completed strue, correct, and cor	and signed by an enrolled actuary, anplete.	s well as the electronic v		, and to the	e best of my	Knowledge and			
Under per SB or Sch belief, it is	nedule MB completed strue, correct, and cor	and signed by an enrolled actuary, a			, and to the	e best of my	Knowicage and			
Under per SB or Sch belief, it is	nedule MB completed strue, correct, and cor	and signed by an enrolled actuary, anplete. d/valid electronic signature.	s well as the electronic v	ersion of this return/report						
Under per SB or Sch belief, it is SIGN HERE	nedule MB completed strue, correct, and cor	and signed by an enrolled actuary, anplete. d/valid electronic signature.	s well as the electronic v	ersion of this return/report						
Under per SB or Sch belief, it is SIGN HERE	redule MB completed strue, correct, and correct, and correct signature of plan	and signed by an enrolled actuary, an plete. d/valid electronic signature. administrator	s well as the electronic via 10/04/2013 Date	BRIAN KING Enter name of individ	ual signing	as plan adn	ninistrator			
Under per SB or Sch belief, it is SIGN HERE	Filed with authorized Signature of plan Signature of empl	and signed by an enrolled actuary, an plete. d/valid electronic signature. administrator oyer/plan sponsor	10/04/2013 Date Date	BRIAN KING Enter name of individ Enter name of individ	ual signing ual signing	as plan adn	ninistrator r or plan sponsor			
Under per SB or Sch belief, it is SIGN HERE	Filed with authorized Signature of plan Signature of empl	and signed by an enrolled actuary, an plete. d/valid electronic signature. administrator	10/04/2013 Date Date	BRIAN KING Enter name of individ Enter name of individ	ual signing ual signing	as plan adn	ninistrator			
Under per SB or Sch belief, it is SIGN HERE	Filed with authorized Signature of plan Signature of empl	and signed by an enrolled actuary, an plete. d/valid electronic signature. administrator oyer/plan sponsor	10/04/2013 Date Date	BRIAN KING Enter name of individ Enter name of individ	ual signing ual signing	as plan adn	ninistrator r or plan sponsor			
Under per SB or Sch belief, it is SIGN HERE	Filed with authorized Signature of plan Signature of empl	and signed by an enrolled actuary, an plete. d/valid electronic signature. administrator oyer/plan sponsor	10/04/2013 Date Date	BRIAN KING Enter name of individ Enter name of individ	ual signing ual signing	as plan adn	ninistrator r or plan sponsor			

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
a	Total plan assets	. 7a	51356				0				
	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	51356	52			0			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(u) Amount		(5) Total						
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	2511	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2511	9	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	53631	6							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	236	35							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							53868	<u> </u>	
	Net income (loss) (subtract line 8h from line 8c)	8i							-51356		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics	<u> </u>		0							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:		
Par	t V Compliance Questions						1				
10	During the plan year:				Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					40000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X				10000	
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X					627	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
						X					
g	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
i	2520.101-3.)	he require	d notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No	
11a	Enter the amount from Schedule SB line 39	Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction :	302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date d	f the l		ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year				[12b					
					_						

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С	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 a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information					
	01/01/2013	and ending		08/31/2013	
A This return/report is for:	a multiple-employer plan (not multiemployer) a one-participant plan				
B This return/report is:	X the final return/report				
an amended return/report	🛚 a short plan year retur	n/report (less than 12 m	onths)	•	
C Check box if filing under: Form 5558	automatic extension			DFVC program	
special extension (enter descrip	otion)				
Part II Basic Plan Information—enter all requested infor	mation				
1a Name of plan			1b	Three-digit	
ECOLOGICAL, LLC 401(K) RETIREMENT PLAN				plan number 001	
			1c	(PN) ▶ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	
				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				(EIN) 26-2878767	
267 BROADWAY, FLOOR 3				Sponsor's telephone number	
20 / BRONDWAT, THOOK 3				212-354-1620	
NEW YORK NY 10007			Zu	Business code (see instructions) 531110	
3a Plan administrator's name and address XSame as Plan Sponsor	Name XSame as Plar	Sponsor Address	3b	Administrator's EIN	
				4440000	
			3C	Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/report filed fo	r this plan, enter the	4b	EIN	
a Sponsor's name			4c	PN	
5a Total number of participants at the beginning of the plan year			5a	26	
b Total number of participants at the end of the plan year			5b	0	
c Number of participants with account balances as of the end of the	plan year (defined bene	fit plans do not			
complete this item)			5c	0	
Were all of the plan's assets during the plan year invested in eligingAre you claiming a waiver of the annual examination and report of				X Yes No	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	t an independent qualitie / and conditions.)	a public accountant (IQP	'A)	X Yes ☐ No	
If you answered "No" to either line 6a or line 6b, the plan can				5500.	
Caution: A penalty for the late or incomplete filing of this return/re	eport will be assessed ι	ınless reasonable caus	e is e	stablished.	
Under penalties of perjury and other penalties set forth in the instructio SB or Schedule MB completed and signed by an enrolled actuary, as v	ns, I declare that I have e	examined this return/repo	ort, inc	cluding, if applicable, a Schedule	
belief, it is true, correct, and complete.	veil as the electronic vers	ion of this return/report,	and to	o the best of my knowledge and	
14 14 14 14 14 14 14 14 14 14 14 14 14 1	14 0 20 40	BRIAN KING			
SIGN X S	1 11 11 1				
Signature of plan administrator	Date		al sigr	ning as plan administrator	
SIGN X SIGN HERE	X 9130[1]	BRIAN KING			
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; inclu	Date			ing as employer or plan sponsor	
Freparer's frame (including firm name, if applicable) and address; inclu	de room or suite number	(optional)	Prepa	rer's telephone number (optional)	
		ļ			
			cont Service 1.00		
		**************************************		A SECTION OF THE SECT	

Pa	art III Financial Information												
7	Plan Assets and Liabilities	n Assets and Liabilities (a) Beginning of Year				(b) End of Yea							
a	Total plan assets	. 7a	513562			2							
<u>b</u>	Total plan liabilities	. 7b			0	0							
c	Net plan assets (subtract line 7b from line 7a)	. 7c		513562			2						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total							
a	Contributions received or receivable from: (1) Employers	. 8a(1)	0										
	(2) Participants	8a(2)		. 0			0						
	(3) Others (including rollovers)	8a(3)			0	0							
<u>b</u>	Other income (loss)	. 8b	25119			9							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	5119		
d	Benefits paid (including direct rollovers and insurance premiums	0.4	5	363	16								
	to provide benefits)	8d		,505	10								
_ _	Certain deemed and/or corrective distributions (see instructions)	8e		2.2	CF.	-			-				
	Administrative service providers (salaries, fees, commissions)	8f		23	65								
_ <u>g</u>	Other expenses	8g			9								
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									8681		
-	Net income (loss) (subtract line 8h from line 8c)									51.	3562		
J	Transfers to (from) the plan (see instructions) TIV Plan Characteristics	8j			0								
b Part	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	tic Coc	les in	the instruc	tions	:				
10	During the plan year:				Yes	No							
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	103	Х		AIII	ount				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a		Х	1						
С				10c	Х		1			4(0000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X	1				7000		
	or dishonesty?			10d			-						
G	Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e	х		}				627		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х							
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear e	nd.)	10g		Х	†						
<u>_</u>	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	ctions and 29 CFR	10g		X							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i									
Part		•											
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Тг] Yes	П	No		
11a	Enter the amount from Schedule SB line 39					11a							
12	Is this a defined contribution plan subject to the minimum funding r			or se			ERISA?	П	Yes	x	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		· · · · · · · · · · · · · · · · · · ·										
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc		and e	nter th		the le Yea		ling			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule												
b	Enter the minimum required contribution for this plan year				[12b							

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nter the amount contributed by the employer to the plan for this plan year.			12c				
			12d				
				Yes	No	N/A	
Plan Terminations and Transfers of Assets							
as a resolution to terminate the plan been adopted in any plan year?			XY	′es N	0		
"Yes," enter the amount of any plan assets that reverted to the employer the	is year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						s No	
(1) Name of plan(s):	-	13	c(2) El	N(s)	s) 13c(3) PN(s)		

		<u> </u>			-		
28 M		<u></u>					
Trust Information (optional)							
ne of trust		1	14b Trust's EIN				
		İ					
	Inter the amount contributed by the employer to the plan for this plan year abtract the amount in line 12c from the amount in line 12b. Enter the result gative amount)	Inter the amount contributed by the employer to the plan for this plan year	Inter the amount contributed by the employer to the plan for this plan year	Inter the amount contributed by the employer to the plan for this plan year	there the amount contributed by the employer to the plan for this plan year	there the amount contributed by the employer to the plan for this plan year	