

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input checked="" type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan RFA VISION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 503
	<b>1c</b> Effective date of plan 09/01/2006
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RICHARD FLEISCHMAN AND ASSOCIATES, INC.  330 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10017	<b>2b</b> Employer Identification Number (EIN) 11-2984673  <b>2c</b> Sponsor's telephone number 212-659-4834  <b>2d</b> Business code (see instructions) 541519

**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 accompanying schedules, statements and attachments, 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/10/2010	RICHARD MANGILOMINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") RICHARD FLEISCHMAN AND ASSOCIATES, INC.  330 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10017	<b>3b</b> Administrator's EIN 11-2984673  <b>3c</b> Administrator's telephone number 212-659-4834
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	101
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	121
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	121
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	121
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4E

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Employee Benefits Security Administration  
  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

<b>A</b> Name of plan RFA VISION PLAN	<b>B</b> Three-digit plan number ► 503
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 RICHARD FLEISCHMAN AND ASSOCIATES INC.	<b>D</b> Employer Identification Number 11-2984673

**Part 1 Service Provider Information (see instructions)**

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... **1** 4894
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
		Contract administrator
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan
		12
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan

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Schedule C (Form 5500) 2007

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<b>(a)</b> Name	<b>(b)</b> Employer identification number (see instructions)	<b>(c)</b> Official plan position	
<b>(d)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(e)</b> Gross salary or allowances paid by plan	<b>(f)</b> Fees and commissions paid by plan	<b>(g)</b> Nature of service code(s) (see instructions)
<b>(a)</b> Name	<b>(b)</b> Employer identification number (see instructions)	<b>(c)</b> Official plan position	
<b>(d)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(e)</b> Gross salary or allowances paid by plan	<b>(f)</b> Fees and commissions paid by plan	<b>(g)</b> Nature of service code(s) (see instructions)
<b>(a)</b> Name	<b>(b)</b> Employer identification number (see instructions)	<b>(c)</b> Official plan position	
<b>(d)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(e)</b> Gross salary or allowances paid by plan	<b>(f)</b> Fees and commissions paid by plan	<b>(g)</b> Nature of service code(s) (see instructions)



**Part II** Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

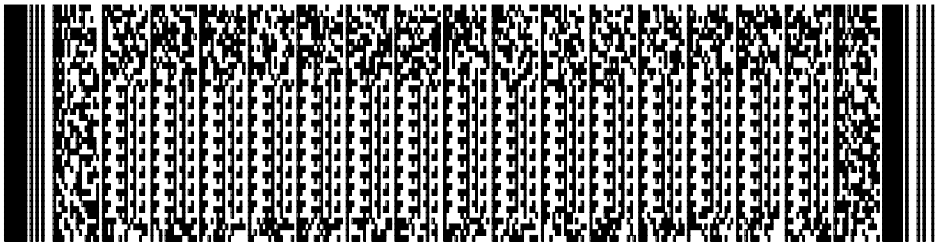
(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Form 5500, Box D – DFVCP Filing**

To: Department of Labor  
Employee Benefits Security Administration (EBSA)

Re: Plan Sponsor: Richard Fleischman and Associates, Inc.  
Plan Name: **RFA Vision Plan**  
EIN: 11-2984673; Plan No.: 503  
Form 5500: 2007  
Plan Year: 1/1/2007 – 12/31/2007

Attached is the Form 5500 filing for the RFA Vision Plan for 2007. Please be advised that coinciding with the filing with EBSA, we have also filed the return with the Department of Labor under the Delinquent Filer Voluntary Compliance Program in Charlotte, North Carolina.