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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
			ntification Information							
For	calendar plan year 2009 or fisc	cal	plan year beginning 01/01/200)9	and ending 1	2/31/	2009			
Α .	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	П	first return/report	final retur	n/report		_			
		X	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X	Form 5558	automatio	extension		DFVC progra	am		
	oncok box ii iiiiig anaon.	Ħ	special extension (enter descripti	1						
Da	rt II Basic Plan Infor	m	ation—enter all requested inform	•						
	Name of plan	1116	ation—enter all requested inform	ialion		1h	Three-digit	T		
	RIS & CARRICK, INC. PROFIT	T S	SHARING PLAN			15	plan number			
	, ,						(PN) •	002		
						1c	Effective date of			
							01/01/			
	Plan sponsor's name and addi RIS & CARRICK, INC.	res	s (employer, if for single-employer	r plan)		2b	2b Employer Identification Number (EIN) 11-2995385			
IVIOR	NIS & CARRIOR, INC.					2c	(EIN) 11-299 Plan sponsor's		umber	
275 N	MADISON AVENUE, SUITE 90)2				212-532-3736				
NEW	YORK, NY 10016					2d	Business code		tions)	
20	Dian administratoria accessor		ddinaa (if aanaa aa Dlan an anaan a			2 h	541800			
	RIS & CARRICK, INC.	a	ddress (if same as Plan sponsor, e 275 MADISO		E, SUITE 902	30	Administrator's 11-299			
	, ,		NEW YORK			3с	3c Administrator's telephone number			
							212-53	2-3736		
	•		sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	name, Em, and the plan humbe	eri	from the last return/report. Spons	or s name		4c	PN			
5a	Total number of participants a	at th	ne beginning of the plan year			5a			5	
	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year								5	
	·		account balances as of the end of			5b				
					car (actived benefit plane do net	5с			5	
6a	Were all of the plan's assets	dui	ring the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of t	the	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		V Voc	Пма	
		•			ons.)SF and must instead use Form 55			× Yes	No	
Pa	rt III Financial Inform			OIIII 3300-	or and must mistead use Form 55	00.				
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End	l of Year		
-	Total plan assets			7a	(a) Beginning of Tear	,	(b) Enc		550522	
b					000022				0	
C	·		from line 7a)		395922			1	550522	
8	Income, Expenses, and Trans		·	. 70	(a) Amount	_	(b) :		300022	
а	Contributions received or rece				(a) Amount		(b)	Total		
_				8a(1)	C)				
	(2) Participants			. 8a(2))				
	(3) Others (including rollovers									
b	Other income (loss)			8b	156502	2				
С	Total income (add lines 8a(1),	, 8a	a(2), 8a(3), and 8b)	. 8c				•	156502	
d			llovers and insurance premiums							
	to provide benefits)			8d	(-				
e			e distributions (see instructions)		(
f			(salaries, fees, commissions)		(
g	·				1902	2				
h			e, 8f, and 8g)						1902	
į			Bh from line 8c)						154600	
J	I ransfers to (from) the plan (s	see	instructions)	. 8i						

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instructi	ons:		
Part	٧	Compliance Questions									
10	Du	ring the plan year:				Yes	No		Amount		
а	a 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)						X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	C Was the plan covered by a fidelity bond?									150000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelit	10d		X						
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.)											
f	Ha	s 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 y	year end.)		10g		X				
		nis is an individual account plan, was there a blackout period? (See i) CFR	10h						
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i						
Part \		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No	
12		this a defined contribution plan subject to the minimum funding requi								X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 30	Clion	002 01	LINIOA:	□ . ••	□	
а	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										
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					,				
b	Ent	er the minimum required contribution for this plan year					12b				
С	Ent	er the amount contributed by the employer to the plan for this plan y	year				12c				
	•										
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	s a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					X Yes	No	
		es," enter the amount of any plan assets that reverted to the emplo					13a			0	
		re all the plan assets distributed to participants or beneficiaries, tran he PBGC?	nsferred to another	plan, or brought u	ınder	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 the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3			13c(3)	PN(s)	
Cautio	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I denedule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.									
SIGN Filed with authorized/valid electronic signature. 10/04/2010 CAROL LIPMAN											
HERE	IEDE					ndividual signing as plan administrator					

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 section 6058(a) of the

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation Complete all entries in accord	lance with	the instructions to the Form 5500	-SF					
Part I Annual Report Identification Information									
For	calendar plan year 2009 or fiscal plan year beginning 0	1/01/2	009 and ending		12/31/2009				
Α -	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B This return/report is for									
									C
special extension (enter description)									
Da	rt II Basic Plan Information—enter all requested informa	<u> </u>							
	Name of plan	ation	· ·	1h	Three-digit				
	MORRIS & CARRICK, INC. PROFIT SHARING PL	AN		110	plan number				
					(PN) ▶ 002				
				1¢	Effective date of plan				
					01/01/1994				
2a	Plan sponsor's name and address (employer, if for single-employer MORRIS & CARRICK, INC.	plan)		2b Employer Identification Number (EIN) 11–2995385					
			-		Plan sponsor's telephone number				
	275 MADISON AVENUE, SUITE 902				(212)532-3736				
	·			2d	Business code (see instructions)				
$\overline{}$	NEW_YORK Plan administrator's name and address (if same as Plan sponsor, ei	ntor "Como	NY 10016	2 h	541800 Administrator's EIN				
Ja	Figure 35 Figure 2 representation and address (it same as Figure 501501, et	inter Saint	,	JD	Administrator's Env				
				3с	Administrator's telephone number				
	the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	tame, Env, and the plan hamber from the last returning port. Oponiso	, 3 name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	5				
b	Total number of participants at the end of the plan year	Ī	5b	5					
c	Total number of participants with account balances as of the end of	rear (defined benefit plans do not							
	complete this item).			5c	5				
	Were all of the plan's assets during the plan year invested in eligible		· ·		X Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			PA)	X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•	0.					
Pa	rt III. Financial Information								
7	Plan Assets and Liabilities (a) Beginning of Year				(b) End of Year				
а	Total plan assets .	7a	395,922	2	550,522				
b	Total plan liabilities .	7b)	0				
С	Net plan assets (subtract line 7b from line 7a) .	7c	395,922	2	550,522				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from.)					
	(1) Employers .	8a(1)		-					
	(2) Participants	8a(2) 8a(3)) 					
	(3) Others (including rollovers)								
	Other income (loss).	8b	156,502	4	156 502				
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . Repetits noid (including direct colleges) and incursors promiums.	8c	The state of the s	3	156,502				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d)					
е	Certain deemed and/or corrective distributions (see instructions) .	8e		<u>ק</u>					
f	Administrative service providers (salaries, fees, commissions) .	8f		5					
g	Other expenses .	8g	1,902	2					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	e real gatets was ever a company of		1,902				
i	Net income (loss) (subtract line 8h from line 8c)	8i	pur sumag si sa gamu majuming sung sagamana ripusana.		154,600				
i	Transfers to (from) the plan (see instructions)	g;	program grammados formativos, plumos del Santo de CAM MASO, mastra del Santo de CAM MASO.)					

	Form 5500-SF 2009	Pi	age 2-							
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from the	List of Plan Chara	cteristic	Codes i	n the instru	ctions:			
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Chara	cteristic (Codes in	the instruc	ctions:			
	The plant provides transfer and the approved to the state of the state									
Par	V Compliance Questions									
10	During the plan year		ī	Ye	s No		Amoun	nt		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a	x	ŀ				
b	· · · · · · · · · · · · · · · · · · ·	•	10b	X						
С	Was the plan covered by a fidelity bond?			10c 3	,			150,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond, that was	caused by fraud		x					
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	r nereone by an incur	ance carrier	10d	^					
·	insurance service or other organization that provides some or all of instructions.)			10e	х					
f	Has the plan failed to provide any benefit when due under the plan?	?		10f	х					
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? (S-2520 101-3.)	ee instructions and 2	9 CFR	10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	•	ne of the	10i		60		######################################		
Pari	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))					B (Form	Y	es X No		
12	Is this a defined contribution plan subject to the minimum funding re	equirements of sectio	n 412 of the Code	or section	n 302 o	f ERISA?	Y	es X No		
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat	•	n voor soo instruc	tione on	d ontor t	the data of	the letter	radina		
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortizeu in this pia	•	th		y		Tulling		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form 5500), and	d skip to line 13.							
b	Enter the minimum required contribution for this plan year				12b	-				
C d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b Enter the	-	us sign to the left a	of a	12c	-				
u	negative amount)	ne result (enter a min	do sign to the left	Jr a	12d	<u> </u>				
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes	No	N/A		
Par	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?				ΧY	es No		
	If "Yes," enter the amount of any plan assets that reverted to the em				13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?						_ Y	es 🛚 No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):					13c(2) E	EIN(s)	130	c(3) PN(s)		
								<u>.</u>		
	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.										
	Ha. M.	9/30/10	HENRY MORR	IS						
SIG						as plan adr	ministrate	or		
- CHAPTER 1	4 11	9/30/0	HENRY MORR							
SIC		Date	Enter name of in		signing	as emplove	er or plan	sponsor		
musik, 65°E	American Company of the Company of t					,,,,,,,,		,		