## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009							
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report		_			
	an amended return/report	short plan	year return/report (less than 12 m	onths)				
C	Check box if filing under:	•	extension	,	DFVC program			
	·		o exteriorer		_ Di vo piogram			
De	<u></u>	,						
	· · · · · · · · · · · · · · · · · · ·	ation		1h	Throo digit			
	Name of plan RICAN ARTS & CRAFTS ALLIANCE, INC.			10	•			
	,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				(PN) • 001			
		1c						
				01				
	Plan sponsor's name and address (employer, if for single-employer   RICAN ARTS & CRAFTS ALLIANCE	plan)		2b				
AIVIL	NICAN ARTO & CITAL TO ALLIANCE			2c	<i>\</i>			
7 CC	BBESTONE COURT				212-866-2239			
CEN	ETRPORT, NY 11721			2d				
32	Dian administrator's name and address (if same as Dian ananors or	otor "Come	2"\	2h				
				36	13-2971627			
	CENETRPOR	RT, NY 11	721	3с	Administrator's telephone number			
				+	212-866-2239			
			port filed for this plan, enter the	4b	EIN			
	name, Env, and the plan hamber from the last return/report. Oponson							
5a	Total number of participants at the beginning of the plan year			. 5a	2			
b				. 5b	2			
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not							
	nplete this item)			. 5c				
-			,		Yes   No			
b					X Yes □ No			
	,		•					
Pa	rt III Financial Information	(PN						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2484	16	355381			
b	Total plan liabilities	7b		0	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	2484	16	355381			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0-44	0000	20				
	(1) Employers	` '	9800	<del></del>				
	(2) Participants							
<b>L</b>	(3) Others (including rollovers)	` '		_				
b	Other income (loss)		890	55	400005			
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			106965			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)			0				
f	Administrative service providers (salaries, fees, commissions)			_				
g	Other expenses			_				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			106965			
j	Transfers to (from) the plan (see instructions)	8j		0				
			1	_				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

9a 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:

		, , , , , , , , , , , , , , , , , , , ,										
art	V	Compliance Questions										
0		ng the plan year:				Yes	No		Amou	nt		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)					X					
С	Was	the plan covered by a fidelity bond?			10c		X					
d		he plan have a loss, whether or not reimbursed by the plan's fidelit					X					
е	insu	e any fees or commissions paid to any brokers, agents, or other pe ance service or other organization that provides some or all of the actions.)	r persons by an insurance carrier, the benefits under the plan? (See				X					
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did t	d the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X					
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)			10h							
i		f 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 \	۷I	Pension Funding Compliance										
		s a defined benefit plan subject to minimum funding requirements?							П	∕es X No		
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No										
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 110 0000	01 000	otioi i c	02 01 1			ш		
а	lf a v gran	raiver of the minimum funding standard for a prior year is being aming the waiver.	nortized in this plar	Mon								
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB				г	401					
	Enter the minimum required contribution for this plan year					12b						
							12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)						12d	7 ./	п.	П м/л		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A		
art \	<b>VII</b>	Plan Terminations and Transfers of Assets										
3a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					\	es X No		
_		s," enter the amount of any plan assets that reverted to the employers					13a					
	of th	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne plar				i			
13	13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN					<b>c(3)</b> PN(s)		
Cautio	on: A	penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonab	le cau	se is	establ	ished.				
B or	Sche	alties of perjury and other penalties set forth in the instructions, I de dule MB completed and signed by an enrolled actuary, as well as rue, correct, and complete.										
SIGN	Fil	Filed with authorized/valid electronic signature. 10/12/2010 SIMON GAON										
HERE	-					ndividual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor