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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 09/30/2010							
Α.	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retur						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description							
Pa	rt II Basic Plan Information—enter all requested informa	,						
	Name of plan	ation		1b	Three-digit			
	RIS & CARRICK, INC. DEFINED BENEFIT PENSION PLAN				plan number 003			
					(PN) ▶			
				1c	Effective date of plan 01/01/2004			
22	Plan sponsor's name and address (employer, if for single-employer)	nlan)		2h	Employer Identification Number			
	RIS & CARRICK, INC.	piaii)		20	(EIN) 11-2995385			
				2c	Plan sponsor's telephone number			
	MADISON AVE, STE 902 YORK, NY 10016			0-1	212-532-3736			
				2 a	Business code (see instructions) 541800			
3a	Plan administrator's name and address (if same as Plan sponsor, er RIS & CARRICK, INC. 275 MADISOI	nter "Same	e")	3b	Administrator's EIN			
MOR	RIS & CARRICK, INC. 275 MADISOI NEW YORK.	N AVE, S' NY 10016	TÉ 902		11-2995385			
				3с	Administrator's telephone number 212-532-3736			
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b				
	name, EIN, and the plan number from the last return/report. Sponsor		pert med for and plant, error and					
				4c				
5a	Total number of participants at the beginning of the plan year			5a	4			
b	Total number of participants at the end of the plan year		5b	0				
С	Total number of participants with account balances as of the end of	•	5c					
62	complete this item)				X Yes ☐ No			
b	Are you claiming a waiver of the annual examination and report of a		,					
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No			
_	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.				
	rt III Financial Information		1					
7	Plan Assets and Liabilities		(a) Beginning of Year	F	(b) End of Year			
	Total plan assets	7a	80640	5	0			
	Total plan liabilities	7b	80640	5	0			
<u>_</u>	Net plan assets (subtract line 7b from line 7a)	7c		5				
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)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-297	9				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-2979			
d	Benefits paid (including direct rollovers and insurance premiums		80340	1				
	to provide benefits)	8d	00340	•				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		5				
g	Other expenses	8g	2	S	902400			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-806405			
I :	Net income (loss) (subtract line 8h from line 8c)	8i			-000403			
- 1	Transfers to (from) the plan (see instructions)	Ωi	1					

	F	Form 5500-SF 2010 Page 2-					
Pai	rt IV	Plan Characteristics					
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char-	acteris	tic Co	des in	the instructions:	
L		1G 1I 1H				ha taataa daa	
b	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	iic Cod	ies in t	ne instructions:	
ar	t 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	100		X		
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a				
-		ne 10a.)	10b		X		
С	Wa	s the plan covered by a fidelity bond?	10c	X			150000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X		
		shonesty?	10d				
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See			~		
		uctions.)	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		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	: VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver					
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy .		
b	Ente	r the minimum required contribution for this plan year			12b		
С	Ente	Enter the amount contributed by the employer to the plan for this plan year					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left titve amount)			12d		
е	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 during the plan year or any prior year?		<u></u>		X	Yes No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?				X -	Yes No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the				Ц	
	whic	h assets or liabilities were transferred. (See instructions.)				_	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	02/03/2011	ALBERT KRAYTER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

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

	Part Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010 and ending		09/30/201	.0			
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for: first return/report	final retu	rn/report						
	an amended return/report	short pla	n year return/report (less than 12 m	onths)					
С	Check box if filing under: Form 5558	automati	c extension		DFVC progra	m			
	special extension (enter descripti	**************************************							
Pa	art II Basic Plan Information—enter all requested inform	nation							
	Name of plan				Three-digit				
	Morris & Carrick, Inc. Defined Benefit I	Pension	l		plan number	003			
	Plan			<u> </u>	(PN) F Effective date of				
		~		01/01/2004					
2a	Plan sponsor's name and address (employer, if for single-employer Morris & Carrick, Inc.	r plan)		2b Employer Identification Number (EIN) 11–2995385					
	•			2c Plan sponsor's telephone number					
	275 Madison Ave, Ste 902				(212)532–3736				
			NV 10016		2d Business code (see instructions) 541800				
	New York Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam	NY 10016 e")		Administrator's E	IN.			
	Same		- ,						
				3c /	3c Administrator's telephone number				
	f the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	4c PN				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year	ticipants at the end of the plan year							
C	Total number of participants with account balances as of the end of			Fo					
<i>c</i> -	complete this item)					X Yes No			
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5	500.					
WAR PILL A PLAN	Till Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	0.5	(b) End of Year				
	Total plan assets		806,4	05					
C	Net plan assets (subtract line 7b from line 7a)	. 7b	806,4	0.5					
8	Income, Expenses, and Transfers for this Plan Year	. 7c		0.5	· · · · · · · · · · · · · · · · · · ·				
а	Contributions received or receivable from:	Address Anniers Company of the	(a) Amount	And well to	(b) Total				
-	(1) Employers	. 8a(1)		on an of milest plane or variety of processors of the processors of the or of the processors of the or of the processors of the or of the processors of the		por motore engle Consultations			
	(2) Participants	. 8a(2)		200 (East)					
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	(2,97	9)	A STATE OF THE STA	is Germanis co			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				(2,979			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	803,4	01					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		70 to 70 to 10 to					
f	Administrative service providers (salaries, fees, commissions)	. 8f		200 (A 1 5 6 1) 200 (A 1 5 6 1) 200 (A 1 5 6 1)					
g	Other expenses	. 8g	William of the state of the sta	25	A THE STATE OF THE				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		or a stranger		803,42			
i	Net income (loss) (subtract line 8h from line 8c)			A COLUMN TO THE PARTY OF THE PA		(806,405			
j	Transfers to (from) the plan (see instructions)	. 8j	,	Property Control of the Control of t					

Page	2-	
auc	Alexan T	

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor

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Par	t IV Plan Characteristics							
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
h	1A 1G 1I 1H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
		day oddo nom me	List of Flam Sharas	ACT 101		203 111	are moducou	ons.
² ari	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	·	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х			150,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	e plan? (See	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? (\$ 2520.101-3.)		29 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-	ne of the	10i					
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see ins	structions and comp	lete S	Sched	ule SB	(Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule					, .		
b	Enter the minimum required contribution for this plan year				L	12b		
	Enter the amount contributed by the employer to the plan for this plan	•				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter to negative amount)					12d	<u> </u>	
100000000000000000000000000000000000000	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?			•••••		Yes	No N/A
art	Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?					X Yes No
- la	If "Yes," enter the amount of any plan assets that reverted to the em					13a		
D	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?							X Yes No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):					(2) EII	V(s)	13c(3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable	caus	se is e	stabli	shed.	
Inde B or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, obrrect, and complete.	I declare that I have	examined this return	п/гер	ort, inc	cluding	, if applicat	ole, a Schedule nowledge and
	We Man 1	2/2///	Henry Morris					
SIGI IER					al eign	ino oo	nlan admin	ietrator
	I / / //	Date 2.///	Enter name of ind		ai sign	ing as	pian admin	IISU BUOF
SIGN	yang inac-	2/2/11	Henry Morris	5	•••			

Date