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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	12/31/2	2009						
A	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)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	•							
	Name of plan	20011		1b	Three-digit				
	TA RICAN GOLD COFFEE COMPANY, INC. 401(K) PLAN				plan number				
				_	(PN)				
				1C	Effective date of plan 01/01/2002				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
COS	TA RICAN GOLD COFFEE COMPANY, INC.				(EIN) 65-0272899				
1405	PARK LANE S.			2c	Plan sponsor's telephone number 561-746-8110				
	TER, FL 33458			2d	Business code (see instructions)				
					311900				
	Plan administrator's name and address (if same as Plan sponsor, er TA RICAN GOLD COFFEE COMPANY, INC. 1425 PARK L		; ")	3b	Administrator's EIN 65-0272899				
000	JUPITER, FL			3c	Administrator's telephone number				
					561-746-8110				
	f the name and/or EIN of the plan sponsor has changed since the las	port filed for this plan, enter the	4b	EIN					
l	name, EIN, and the plan number from the last return/report. Sponsor	4c	PN						
5a	Total number of participants at the beginning of the plan year	. 5a	16						
b	b Total number of participants at the end of the plan year				13				
С					_				
	complete this item)				5				
6a b	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
D	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				X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	6663	9	828520				
b	Total plan liabilities	7b		0	0				
C	Net plan assets (subtract line 7b from line 7a)	7c	6663	9	82852				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	1433	31					
	(2) Participants	8a(2)	7280	00					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	7507	70					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			162201				
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			400004				
!	Net income (loss) (subtract line 8h from line 8c)	8i			162201				
	Transfers to (from) the plan (see instructions)	8j							

			·9- =	
Par	t IV	Plan Characteristics		
9a	If the p	olan provides pension benefits,	enter the applicable pension feature codes from the List of Plan Character	eristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 3D 3H

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribution	ons within the time peri	od described in		103			Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci		· —	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	Χ				20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	10d		X						
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.)	nce carrier, plan? (See	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		10g		Χ					
_						X				
İ	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	required notice or one	e of the	10h 10i						
Part '	VI Pension Funding Compliance		-							
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))							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 applicable	ole.)						_		
	If a waiver of the minimum funding standard for a prior year is being									
	granting the waiverou completed lines 3, 9, and 10 of Schedule I			ı		Day ₋		Year		
					Γ	12b				
	Enter the minimum required contribution for this plan year				⊢	12c				
	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	•			··					
u	negative amount)	,	•			12d			_	
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A	
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	?		<u></u>			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a				
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	ransferred to another	olan, or brought ur	nder t	he co	ntrol 		Yes	X 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.)									
1:	3c(1) Name of plan(s):	13c(2) EIN(s			N(s)	13c(3)	PN(s)			
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed u	nless reasonable	Cana	se is	establi	shed	1		
Under SB or	r 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, correct, and complete.	I declare that I have e	xamined this retur	n/rep	ort, in	cluding	, if applica			
0101	Filed with authorized/valid electronic signature.	03/31/2011	OHN PARRY							
	SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

Émp	loyee Benefits Security Administration	1		de (the Code).		Inspection		
	sion Benefit Guaranty Corporation	Complete all entries in accord	ance with	the instructions to the Form 5500	-SF.			
Pa	+ I Annual Report Id	dentification Information						
Force	alendar plan year 2009 or fisc	al plan year beginning		and ending				
		single-employer plan	multiple-er	nployer plan (not multlemployer)	Ĺ	one-participant plan		
	nis returniteport is ion.		final return	/report				
Вт	his return/report Is for:			year return/report (less than 12 mor	nths)			
					·	DFVC program		
C	heck box if filing under:	M 1 01111 0000	automatic	extension	Ŀ			
		special extension (enter description	n)					
Pa	HIL Basic Plan Infor	mation—enter all requested informa	ation					
	Name of plan				מר	Three-digit plan number		
COS.	TA RICAN GOLD COFFEE CO	OMPANY, INC. 401(K) PLAN				(PN) 001		
000	7777107117 00 00 00 00 00 00 00 00 00 00 00 00 00					Effective date of plan		
					'`	01/01/2002		
			nlon)		2b	Employer Identification Number		
2a Plan sponsor's name and address (employer, if for single-employer plan) COSTA RICAN GOLD COFFEE COMPANY, INC.						(EIN) 65-0272899		
cos	TA RICAN GOLD COFFEE CO	DIVIPANT, INC.			2c	Plan sponsor's telephone number		
4405 BADIK I ANIE S					<u> </u>	561-746-8110		
1425 PARK LANE S. JUPITER FL 33458					20	Business code (see instructions) 311900		
					2h	Administrator's EIN		
3a Plan administrator's name and address (if same as Plan sponsor, et) [*])	35	65-0272899		
SAM	<u>=</u>				3c	Administrator's telephone number		
						561-746-8110		
4 1	the name and/or EIN of the p	4b	EIN					
- 11	name, EIN, and the plan numb	4.0						
		4c						
	Total number of participants a	<u>5a</u>	16					
b	Total number of participants a	at the end of the plan year			5b	13		
_	Total number of participants v	with account balances as of the end of	the plan y	ear (defined benefit plans do not	_	13		
	complete this item)				5c			
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		X Yes [] No		
b	a al-!law a walnay of i	the annual examination and report of a	an indener	ident qualified public accountant (IQ	PA)	п., п.,		
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	and conditi	ONS.)	nn			
		her 6a or 6b, the plan cannot use Fo	orni 5500-	or and must material use i of mee	<u> </u>			
Pa	rt III Financial Inform	lation	<u> </u>	(a) Positiving of Year	(b) End of Year			
7	Plan Assets and Liabilities			(a) Beginning of Year 666319	<u> </u>	886539		
а	Total plan assets		7a					
	•		7b		0			
C		7b from line 7a)	7c	666319	1	886539		
8	Income, Expenses, and Trans		ļ	(a) Amount	+	(b) Total		
а	Contributions received or received	eivable from:	90/4)	72350	,			
			8a(1)	72800				
			8a(2) 8a(3)	72800	\dashv			
	(3) Others (including rollover	-						
		income (loss)						
		, 8a(2), 8a(3), and 8b)	8c		+	220220		
d		t rollovers and insurance premiums	,_					
		at all all the attended to the tendent themself and	8d		\dashv			
6		ctive distributions (see instructions)	80		\dashv			
f		ers (salaries, fees, commissions)	8f					
g			1		-	·		
h	•	, 8e, 8f, and 8g)	1		_			
i	Net income (loss) (subtract lin	ne 8h from line 8c)	81		_	220220		
j		see instructions)						

Page 2- 1 Form 5500-SF 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J 2K 2R 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: **Compliance Questions** Part V 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... 10c Was the plan covered by a fidelity bond?..... X 20000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? 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 Х 10e instructions.) Х Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) If 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..... 101 Part VI **Pension Funding Compliance** is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No 5500))..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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.Month Day _____ Year __ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC? 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) PN(s)

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.

			<u> </u>
SIGN	ou wy x	10/12/201	JOHN PARRY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	1		
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

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).

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

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

Pa	rt I	Annual Report	Identification Info	rmation								
For o	alenda	ar plan year 2009 or fis	scal plan year beginning			and ending						
Ат	his ret	urn/report is for:	x single-employer pla	an [multiple-e	mployer plan (not multiemploye)	one-participan	t plan			
Вт	his ret	urn/report is for:	first return/report	Ī	final retur	n/report		_				
			an amended return	/report	short plar	year return/report (less than 12	months)					
•	hook b	oox if filing under:	☐ Form 5558	Γ	₹ :	extension	,	☐ DFVC program	1			
	MECK L	oox it filling under.	special extension (L antor docarint		CARCHISION		☐ Di vo piogiali				
D-	.4.11	Dania Dian Info										
	rt II		rmation—enter all re	quested inforr	nation		146	Three-digit				
	Name	•	CAMBANIX INIC 4044K	DI ANI			10	plan number				
CUS	ARIC	AN GOLD COFFEE C	COMPANY, INC. 401(K)	PLAN				(PN) •	001			
							1c	Effective date of p				
22	Dian er	noneor's name and ad	dress (employer, if for s	ingle-employe	r nlan)		2h	Employer Identific				
		AN GOLD COFFEE C		iligio-ciripioye	a plair)			(EIN) 65-02728				
							2c	Plan sponsor's te	lephone number			
		LANE S.						561-746-				
JUPIT	TER FL	33458					2d	Business code (se 311900	ee instructions)			
3a	Plan ac	dministrator's name ar	nd address (if same as I	Plan sponsor.	enter "Same	9")	3b	Administrator's El	N			
SAME			,			· •		65-02728				
							3с	Administrator's te 561-746-	•			
						port filed for this plan, enter the	4b	EIN				
n	ame, E	EIN, and the plan numl	ber from the last return/	report. Spons	or's name		40	PN				
5a	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							16 13				
	C Total number of participants at the end of the plan year							13				
						car (defined benefit plans de ne		1	5			
6a	Were	all of the plan's assets	during the plan year in	vested in eligi	ble assets?	(See instructions.)			X Yes No			
b						ndent qualified public accountant			X Yes ∏ No			
						ions.) SF and must instead use Forn			X Yes ∐ No			
	rt III	Financial Inform		carmot use	<u> </u>	or and must instead use rom	1 3300.					
7		Assets and Liabilities	Hation			(a) Beginning of Year		(b) End of Year				
-					7a		3319	(b) Liid o	828520			
							0		0			
	-		e 7b from line 7a)			666	6319		828520			
			nsfers for this Plan Year			(a) Amount		(b) To	otal			
		butions received or rec										
					i i	14	1331					
	(2) Pa	articipants			8a(2)	7:	2800					
	(3) Ot	thers (including rollove	rs)		8a(3)							
		, ,				7:	5070					
		, ,), 8a(2), 8a(3), and 8b)		<u>8c</u>				162201			
			ct rollovers and insuran		8d			e de la company				
е	Certai	n deemed and/or corre	ective distributions (see	instructions).	8e							
			ders (salaries, fees, con		1							
g	Other	expenses			8g			<u></u>	:			
h	Total e	expenses (add lines 8d	d, 8e, 8f, and 8g)		8h							
i	Net in	come (loss) (subtract l	ine 8h from line 8c)		8i				162201			
		, ,,	(see instructions)									

Form 5500-SF 2009	
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	Part	IV	Plan	Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D 3H

Page **2-**1

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

Part	٧	Compliance Questions								
10		ring the plan year:				Yes	No		Amount	
а	Wa 29	is there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time pe ary Correction Progra	riod described in am)	10a		х			
b	We on	re there any nonexempt transactions with any party-in-interest? (line 10a.)	Do not include trans	actions reported	10b		Х			
С	W	as the plan covered by a fidelity bond?		10c	Х				20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е	 									, , , , , , , , , , , , , , , , , , , ,
f	Has the plan failed to provide any benefit when due under the plan?						Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		X			
h	If th 252	nis is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR	10h		Х			
i	If 1	Oh was answered "Yes," check the box if you either provided the respections to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the	10i					
Part '		Pension Funding Compliance			- 1			1		
		nis a defined benefit plan subject to minimum funding requirement 0))							Yes	s 🛭 No
12		his a defined contribution plan subject to the minimum funding rec							=	X No
а	if a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being anting the waiver	amortized in this pla	Montl	tions,	and e	enter th Day	ne date of the	e letter ri ⁄ear	uling
b	Ent	er the minimum required contribution for this plan year				Г	12b			
С	Ent	er the amount contributed by the employer to the plan for this plar	year	***************************************		[12c			
		tract the amount in line 12c from the amount in line 12b. Enter the ative 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	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
		re all the plan assets distributed to participants or beneficiaries, trans-							Yes	No 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.)									
13	3c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report	will be assessed i	unless reasonable	cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete	declare that I have on the electronic vers	examined this return sion of this return/re	rn/rep eport,	ort, ir and t	cluding to the l	g, if applicat best of my ki	ile, a Sci nowledge	nedule e and
SIGN				JOHN PARRY		,				
HERE		Signature of Blan administrator	Date	Enter name of inc	dividu	al sig	ning as	s plan admin	istrator	
SIGN	Ļ									
HERE	IERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						oneor			