Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

					mopconon
Part I	Annual Report Identif	fication Information			
For caler	ndar plan year 2009 or fiscal pla	n year beginning 04/01/2008		and ending 03/31/2	009
A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or	
		a single-employer plan;	a DFE (s	pecify)	
B This r	eturn/report is:	the first return/report;	the final r	return/report;	
	•	an amended return/report;	a short p	lan year return/report (less th	an 12 months).
C If the	plan is a collectively-bargained	plan, check here			
	k box if filing under:	Form 5558;		c extension;	the DFVC program;
D Chec	k box ii iiiiiig under.	special extension (enter des		o oxionolon,	and Dr vo program,
Don't l	I Dania Dian Informa	<u> </u>	• ′		
Part I	·	tion—enter all requested informa	ation		4b There digitales
	e of plan CORPORATION				1b Three-digit plan number (PN) ▶ 001
MZANI	CORTORATION				1c Effective date of plan
					04/01/1993
	•	employer, if for a single-employer	plan)		2b Employer Identification
,	ress should include room or suit CORPORATION	e no.)			Number (EIN) 15-0620710
RIZANT	CORPORATION				2c Sponsor's telephone
					number
ROUTE	1 P O BOX 300	POLITE 1	P O BOX 300		
	PORT, NY 13166		ORT, NY 13166		2d Business code (see
					instructions)
		mplete filing of this return/repor			
					ncluding accompanying schedules, ief, it is true, correct, and complete.
otatoo.					, 1
SIGN					
HERE					
	Signature of plan administra	itor	Date	Enter name of individual si	gning as plan administrator
SIGN					
HERE					
	Signature of employer/plan	sponsor	Date	Enter name of individual si	gning as employer or plan sponsor
SICN					
SIGN HERE					
	Signature of DFF		Date	Enter name of individual si	oning as DFF

	Form 5500 (2009) Page 2			
RIZ RO	Plan administrator's name and address (if same as plan sponsor, enter "Same") ZANT CORPORATION DUTE 1 P O BOX 300 EEDSPORT, NY 13166	-	15-0 3c Adr	ministrator's EIN 0620710 ministrator's telephone mber
	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the plan number from the last return/report: Sponsor's name	the name, EIN		4b EIN 4c PN
5	Total number of participants at the beginning of the plan year		5	
6 a	Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d Active participants		6a	
	Retired or separated participants receiving benefits Other retired or separated participants entitled to future benefits	-	6b 6c	
	Subtotal. Add lines 6a , 6b , and 6c		6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f	Total. Add lines 6d and 6e.		6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)		6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete	this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char lift the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact			
10	(3) Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) General Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, Pension Schedules b General Schedules	e ction 412(e)(3) in assets of the speenter the numb	onsor er attacl	
	(1) R (Retirement Plan Information) (1) H (Financial Inform	ation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

G (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of 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 sections 6047(e), 6057(b), and 6058(a) of the internal Revenue Code (the Code).

Official Use Only OMB Nos. 1210-0110 1210-0089

2008

This Form is Open to

A Committee Committee		the instructions to i			Public Inspection.	
Pension Benefit Guaranty Corporation	- Ldoublinetien Info		10.0111		·········	
	rt Identification Info		2008 and e	nding 03/31	/2009	
For the calendar plan year 2008				itiple-employer plan		
A This return/report is for: (1)	· 🗀		` ' 		, OI	
(2)	2) X a single-employer p		(4) a DFE	(specify)		
	multiple-employer pl	lan);				
			—			
B This return/report is: (1)) the first return/repo	rt filed for the plan;		nal return/report fil		
. (2)	?) an amended return/	/report;	(4) a sho	rt plan year return.	report (less than 12 mor	ntns).
C If the plan is a collectively-ba	argained plan, check here					> _
D If filing under an extension o	of time or the DFVC progr	ram, check box and atta	ch required information.	(see instructions) .	<u>.,</u>	<u> </u>
Part II Basic Plan Info	formation - enter all red	quested information.				
1 a Name of plan				1b Three-digit		
RIZANT CORPORATI	ON DBA: R	AINBOW LANE	S	plan numbe		
ROUTE #31 JORDA	IN RD. P.O	. BOX 300		1c Effective d	ate of plan (mo., day, yr.)	
WEEDSPORT, NEW Y					04/01/1993	<u> </u>
2a Plan sponsor's name and a	iddress (employer, if for a s	single-employer plan)		2b Employer	dentification Number (El	N)
(Address should include roo					15-0620710	
RIZANT CORPORATI			<u> </u>	2c Sponsor's	telephone number	
RIZANI CORFORMII	,011		(\cap_{n})	1	315-834-6028	}
DATIDON TANES			COPY	2d Business c	ode (see instructions)	
RAINBOW LANES	- PRESIDENT		· /		713900	
C/O RONALD RIZZO	BOX 300					
ROUTE #31 P.O.	BOX 300				A PARTY	
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					THE VED	
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		NTV '			SFP 19 20	7.9
WEEDSPORT			13166	/ / / / / / / / / / / / / / / / / / /	SFP 12 2011	73/
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Form 5500 (2008)			F	eage 2		Official Use Only
3 a Plan administrator's name and address (if same as plan sponsor,	enter "	Same")	<u>.</u>	3b Administra		
SAME						telephone number
SAME						-6028
SAME		•				
					· .	
4 If the name and/or EIN of the plan sponsor has changed since	the ias	t return/report fil	ed for this plan	, enter the name,		b EIN
EIN and the plan number from the last return/report below:						C PN
a Sponsor's name SAME SAME						
5 Preparer information (optional) a Name (including firm	n name,	if applicable) ar	nd address			b EIN
RICHARD A. CHALUPNICKI - ACCOUNTAN						
R.C. ACCOUNTING & TAX SERVCIES						16-1479158
276 GENESEE STREET						C Telephone number
	3737	1 2021				315-255-1676
AUBURN	NY	13021			6	2
6 Total number of participants at the beginning of the plan year .	dane co	molete only lines	7s. 7b. 7c. ar		Ť	
7 Number of participants as of the end of the plan year (welfare p	nans cu	implete offiny in less	10,10,10,0		7a	2
a Active participants	• • • •				7b	0
C Other retired or separated participants entitled to future benefits					7 c	0_
Subtotal Add lines 7a. 7b. and 7c					7d	2
e Deceased participants whose beneficiaries are receiving or are	entitled	to receive benef	îts		7e	0 2
f Total Add lines 7d and 7e					7f	
g Number of participants with account balances as of the end of	the pla	n year (only defi	ned contributio	n pians	7 g	2
complete this item)	ا و و و	or with accrue		vere less than	1.3	
h Number of participants that terminated employment during the 100% vested	pian ye	ear with accuract) neitatira eier	10,0,000	7 h	0
i If any participant(s) separated from service with a deferred ves	ted ben	efit, enter the nu	mber of separa	ited		
participants required to be reported on a Schedule SSA (Form 5	500).	. <u> </u>	<u> </u>	<u> </u>	7i	00
Paragra provided under the plan (complete 8a and 8b, as applic	cabie)					
a X Pension benefits (check this box if the plan provides pension	n <u>benef</u>	its and enter the	applicable per	ision feature code	s from	the List of Plan
Characteristics Codes printed in the instructions):				L	from t	the List of Pian
b Weifare benefits (check this box if the pian provides welfare	Derie	is and enter the	applicable wen	are learnie couce	٦٣	
Characteristics Codes printed in the instructions):	L	<u> </u>	حا لـــا ل			
9 a Plan funding arrangement (check all that apply)		9b Pian be	nefit arranger	nent (check ail th	at app	ly)
(1) Insurance		(1)	insurance			
(2) Code section 412(e)(3) insurance contracts		(2)	→	n 412(e)(3) insui	ance o	contracts
(3) Trust		(3)	Trust	ets of the sponso		
(4) X General assets of the sponsor		(4) 12	Seneral ass	ets of the sportso	1	
	7 8	0 2 0 R				

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Official Use Only

Schedules attached (Check all applicable boxes and, where indicated, a Pension Benefit Schedules (1) R (Retirement Plan Information) (2) B (Actuarial Information) (3) E (ESOP Annual Information) (4) SSA (Separated Vested Participant Information)	d, enter the number attached. See instructions.) b Financial Schedules (1)
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