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

OMB Nos. 1210-0110 1210-0089

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.				
		entification Information							
For	For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010								
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	C Check box if filing under:					DFVC program			
Da	rt II Basic Plan Inform	special extension (enter descriptionation—enter all requested inform							
	Name of plan	ation—enter all requested inform	ialion		1h	Three-digit			
	FMANS PLAYLAND, INC. PROF	IT SHARING PLAN			1.5	plan number			
						(PN) • 001			
					1c	Effective date of plan			
						05/01/1985			
		ss (employer, if for single-employer	· plan)		2b	Employer Identification Number			
HOF	FMANS PLAYLAND, INC.				0 -	(EIN) 14-1617724			
600 1	OUDON BOAD				2C	Plan sponsor's telephone number 518-785-3842			
	OUDON ROAD IAM, NY 12110				2d	Business code (see instructions)			
						713100			
		ddress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
HOF	FMANS PLAYLAND, INC.	608 LOUDO LATHAM, N				14-1617724			
		2771177001,14	1 12110		3c	Administrator's telephone number 518-785-3842			
4 1	the name and/or FIN of the plan	n sponsor has changed since the la	et return/re	aport filed for this plan, enter the	4h	516-765-3842 EIN			
		from the last return/report. Sponso		port med for this plan, effect the	40	EIIN			
		4c	PN						
5a	Total number of participants at t		5a	7					
b	Total number of participants at t	he end of the plan year			5b	5			
С	Total number of participants with	h account balances as of the end o	f the plan y	vear (defined benefit plans do not					
	complete this item)				5c	7			
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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 and conditions.)								
Pa	rt III Financial Information		orm 5500-	SF and must instead use Form 55	υυ.				
				(a) B. minuin a. (1)		(h) Ford of Volum			
7	Plan Assets and Liabilities	(4, = 3,			,	(b) End of Year			
	Total plan assets		. 7a	911082		1162593			
b	•				_	1100500			
<u>c</u>		from line 7a)	. 7с	911082	2	1162593			
8	Income, Expenses, and Transfe			(a) Amount		(b) Total			
а	Contributions received or receiv (1) Employers	able from:	. 8a(1)	5819					
	• • • • • • • • • • • • • • • • • • • •			16091	⊣				
				1003					
h	,		` '	22606	_				
b	` ,	-(0) 0-(0)101)		236065)	257075			
C C		a(2), 8a(3), and 8b)	. 8c			257975			
d	Benefits paid (including direct ro to provide benefits)		. <u>8d</u>	6456	5				
е		ve distributions (see instructions)	8e						
f		(salaries, fees, commissions)							
g				8	3				
h	•	e, 8f, and 8g)				6464			
i		8h from line 8c)				251511			
i		e instructions)							
,	· · · · · · · · · · · · · · · · ·	,	וא	1					

Form 5500-SF 2009	Page 2- 1
-------------------	------------------

Part IV Plan Characteris	stics
----------------------------	-------

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 3D 3H

If the plan provides welfare

D	if the p	bian provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	ies in t	ne instru	ction	S:		
art	V	Compliance Questions								
0	During the plan year:					Yes No				
а		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)								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X					
С	Was	Was the plan covered by a fidelity bond?								
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	insura	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	Has t	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did th	id the plan have any participant loans? (If "Yes," enter amount as of year end.)								
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i	2520.101-3.)				X					
art	VI I	Pension Funding Compliance								
1										
2	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.)									
	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									
		impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401					
	Enter the minimum required contribution for this plan year				12b 12c					
	Enter the amount contributed by the employer to the plan for this plan year									
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
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?						Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to						
1	3c(1) l	Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)	
, au 14	ion: ^	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	اه دء،	ISO is	oetabl	ishad				
Inde	r pena	lties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti	urn/rep	oort, in	cludin	g, if applic				
		dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ rue, correct, and complete.	report	, and t	o the b	est of my	/ knc	wledge	and	

SIGN	Filed with authorized/valid electronic signature.	07/12/2010	RUTH HOFFMAN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/12/2010	RUTH HOFFMAN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				