Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SHEELYS FURNITURE & APPLIANCE, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 12/31/1963

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SHEELYS FURNITURE & APPLIANCE, INC

11450 SOUTH AVENUE EXTENSION
NORTH LIMA, OH 44452-9801

2b Employer Identification Number (EIN) 34-0900451

2c Sponsor's telephone number 330-549-3901

2d Business code (see instructions) 442110

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2010	LINDA EISENBRAUN
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHEELYS FURNITURE & APPLIANCE, INC 11450 SOUTH AVENUE EXTENSION NORTH LIMA, OH 44452-9801	**3b** Administrator's EIN 34-0900451 **3c** Administrator's telephone number 330-549-3901

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4c** PN
5 Total number of participants at the beginning of the plan year	**5**	136
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	123
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	8
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	131
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	95
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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 2T

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

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	☐	Insurance	**(1)**	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	**(2)**	☐	Code section 412(e)(3) insurance contracts
(3)	X	Trust	**(3)**	X	Trust
(4)	☐	General assets of the sponsor	**(4)**	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules			**b General Schedules**		
(1)	X	**R** (Retirement Plan Information)	**(1)**	X	**H** (Financial Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐	**I** (Financial Information – Small Plan)
			(3)	☐	___ **A** (Insurance Information)
			(4)	X	**C** (Service Provider Information)
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☐	**D** (DFE/Participating Plan Information)
			(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SHEELYS FURNITURE & APPLIANCE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEELYS FURNITURE & APPLIANCE, INC

D Employer Identification Number (EIN)
34-0900451

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STANCORP FINANCIAL GROUP

93-1253576

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 19 50 60 63	NONE	15737	Yes [X] No [ ]	Yes [ ] No [X]	7339	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	63	1887

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS GROUP SEAN PHAM 6455 IRVINE CENTER DRIVE IRVINE, CA 92618	12B-1 FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	60	1314

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS GROUP SEAN PHAM 6455 IRVINE CENTER DRIVE IRVINE, CA 92618	SUBTA FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STANCORP FINANCIAL GROUP	60	1244

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO FUNDS JOEL E. STRAUCH 840 NEWPORT CENTER DRIVE, STE 100 NEWPORT BEACH, CA 92660	SUBTA FEES

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SHEELYS FURNITURE & APPLIANCE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEELYS FURNITURE & APPLIANCE, INC

D Employer Identification Number (EIN)
34-0900451

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1303	5727
(2) Participant contributions	1b(2)	1961	7907
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	170882	168190
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2373450	2941412
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2547596	3123236
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2547596	3123236

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	139135	
(B) Participants	2a(1)(B)	184786	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		323921
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	116	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		116
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	69318	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		69318
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		541438
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		934793

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	343416	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		343416
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	15737	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15737
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		359153

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		575640
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LOUIS PLUNG & COMPANY **(2)** EIN: 25-1637458

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SHEELYS FURNITURE & APPLIANCE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHEELYS FURNITURE & APPLIANCE, INC

D Employer Identification Number (EIN)
34-0900451

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 58-1428634 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SHEELY'S FURNITURE & APPLIANCE, INC.
401(k) PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT
December 31, 2009 and 2008

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

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Louis Plung & Company

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email: info@louisplung.com

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Sheely's Furniture & Appliance, Inc. 401(k) Plan

We were engaged to audit the financial statements of Sheely's Furniture & Appliance, Inc. 401(k) Plan as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Louis Plung & Company, LLP

Pittsburgh, Pennsylvania
September 3, 2010

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS

	2009	2008
Investments (at fair value)		
Mutual funds	$ 2,941,412	$ 2,373,450
Money market fund	168,190	170,882
Total investments	3,109,602	2,544,332
Receivables:		
Participant contributions	7,907	1,961
Employer contributions	5,727	1,303
Total receivables	13,634	3,264
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,123,236	$ 2,547,596

The accompanying notes are an integral part of these financial statements.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest	$ 116	$ 3,083
Net appreciation (depreciation) in fair value of investments and realized gains and losses	610,756	(989,153)
Contributions:		
Participant	184,786	208,940
Employer	139,135	147,282
Total additions	934,793	(629,848)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	343,416	179,050
Administrative fees	15,737	19,481
Total deductions	359,153	198,531
Net increase (decrease)	575,640	(828,379)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	2,547,596	3,375,975
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 3,123,236	$ 2,547,596

The accompanying notes are an integral part of these financial statements.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of Sheely's Furniture & Appliance, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined contribution plan covering all non-union employees of Sheely's Furniture & Appliance, Inc. ("the Company") who have one year of service consisting of 1,000 service hours and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended February 11, 2002 to comply with the General Agreement on Tariffs, the Economic Growth Tax Relief and Reconciliation Act of 2001 and guidance issued there under.

Effective January 1, 2008, the Plan was amended to comply with the Final Treasury Regulations issued under Section 415 of the Internal Revenue Code of 1986.

Effective January 1, 2010, the Plan was amended to allow non-spousal beneficiary rollovers.

Contributions - Participants may contribute up to the lesser of the annual limitation ($16,500 and $15,500 for 2009 and 2008 respectively), or 100% of their pretax compensation, as defined in the Plan document. All participants who have attained age 50 before close of the Plan year are also eligible to make catch-up contributions in accordance with, and subject to the limitations of, Internal Revenue Code section 414(v). The Company matches the participants' contributions equal to the sum of 100% of the amount of their salary reductions that are not in excess of 3% of their compensation, plus 50% of the amount of their salary reductions that exceed 3% of their compensation but not in excess of 5% of their compensation. The Company has elected to exceed the above requirements for matching in 2009 and 2008. The Company matches the participant's contributions equal to the sum of 100% up to the first 5% of the elected contribution percentage.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings and losses thereon. Allocations are based on participant earnings or account balances, as defined in the Plan document.

Investment Options - Participants may invest their voluntary contributions and the Company's contributions, plus actual earnings thereon into any of the fourteen investment options provided by the Plan as listed in Note 3 to the financial statements. The participant may change their investment election for new contributions and existing balances during the Plan year. Salary reduction elections are only permitted monthly during the Plan year.

Participant Loans - Loans are not permitted under the Plan.

Vesting - Participants are immediately 100% vested in their voluntary contributions, rollover contributions, and Company contributions plus actual earnings thereon.

Forfeitures - No forfeitures are present in the Plan since all contributions are immediately 100% vested.

Payment of Benefits - Upon termination of service, if the participant's account balance is $1,000 or less, a participant will automatically receive a lump-sum payment, less applicable withholding taxes. If the participant's account balance exceeds $1,000 but is less than $5,000, the participant must consent to an automatic distribution. If the participant does not elect to have such distribution paid, then the participant's account shall be distributed in a direct rollover to an Individual Retirement Account (IRA) designated by the Plan Administrator. If the participant's account balance is greater than $5,000, the participant may elect to either (a) receive an immediate lump-sum amount equal to the value of his/her account or (b) leave the account balance in the Plan until such time as the participant decides to withdraw the account balance. In any event, withdrawal of the account balance must commence once the participant attains the age of 59½ years.

Plan Administration Costs and Administrative Fees - All internal recordkeeping costs in administering the Plan are paid by the Company. These costs include the salaries of Company personnel who administer the Plan and allocated payroll department costs. Professional fees and costs for the external recordkeeping services performed by Standard Retirement Services are paid by the Plan. Administrative fees resulting from transactions costs, loads and fees with the Reliance Trust Company (the "Custodian") are paid by the Company.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Net Appreciation (Depreciation) - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year if held for the entire year or from date of purchase to the end of the year.

Income Recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Investments - The valuation of investments at December 31, 2009 and 2008 is prepared by the Custodian, and is presented at fair value based on quoted market prices.

New Accounting Pronouncements - In June 2009, the FASB issued guidance under the Accounting Standards Codification ("ASC") Topic 105, Generally Accepted Accounting Principles ("GAAP") (SFAS No. 168, The FASB Accounting Standards Codification and Hierarchy of GAAP). This guidance establishes the FASB ASC as the single source of authoritative U.S. GAAP recognized by the FASB to be applied by non governmental entities. The ASC supersedes all existing non-SEC accounting and reporting standards. All other non-grandfathered, non-SEC accounting literature not included in the ASC has become non authoritative. Following SFAS 168, the FASB will no longer issue any standards in the form of Statements, FSPs, or EITFs Abstracts. Instead, the FASB will issue Accounting Standards Updates, which will serve on to update the ASC, provide background information about the guidance, and provide the bases for conclusions on the change in the ASC. The Plan adopted ASC 105 effective for the financial statements issued as of December 31, 2009. The adoption of this guidance did not have an impact on the financial statements but will alter the references to accounting literature within the financial statements.

Since the adoption of ASC 105, FASB issued approximately 41 updates to the ASC up through September 3, 2010. Management has reviewed each of these updates and has determined that none of the updates will have an impact on the Plan's financial statements. Management will continue to monitor the issuance of updates throughout the year to determine if the update will have an impact on the Plan's financial statements and should it have an impact, the update will be disclosed in the notes to the financial statements.

3. INVESTMENTS (UNAUDITED)

At December 31, 2009 and 2008, the Plan's investments and executed transactions therein were held by the Custodian. The following is a summary of the Plan's investments that are included in the financial statements and supplemental schedule based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

At December 31, 2009 and 2008, the Plan's investments consisted of the following:

	2009		2008	
Mutual Funds				
American Beacon Small Cap Value	$ 292,009	(a)	$ 241,601	(a)
American Funds Growth Fund R4	600,981	(a)	452,646	(a)
American EuroPacific Growth Fund	223,084	(a)	168,382	(a)
Columbia Acorn Fund Class Z	98,973		77,210	
Davis New York Venture	127,137		86,924	
Dodge & Cox Stock Fund	358,762	(a)	289,217	(a)
Goldman Mid-Cap Value A	49,651		35,718	
Pimco High Yield Fund	107,538		74,245	
Pimco Total Return Fund	499,906	(a)	438,090	(a)
T. Rowe Price Mid-Cap Growth Fund	94,521		64,428	
Vanguard 500 Index Fund	137,241		120,941	
Vanguard Balanced Index Fund	13,491		11,167	
Vanguard Inc. Short Term Federal Government Fund	338,118	(a)	312,881	
Total Mutual Funds	2,941,412		2,373,450	
Money Market Funds				
Goldman Sachs ILA Prime Money Market	168,190	(a)	170,882	(a)
Total Money Market Funds	168,190		170,882	
Total Investments	$ 3,109,602		$ 2,544,332	

(a) Represents 5% or more of net assets available for benefits

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $610,757 and $(989,153) during the years ended December 31, 2009 and 2008, respectively as follows:

	2009	2008
Mutual Funds	$ 610,756	$ (989,153)

The Plan's independent auditors did not perform auditing procedures with respect to information certified by the Custodian at December 31, 2009 and 2008, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, Fair Value Measurements and Disclosures (formerly SFAS No. 157, Fair Value Measurements), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques, as disclosed in Note 2, based on the inputs available to measure the fair value of its investments. There have been no changes in the methodologies used at December 31, 2009 and 2008.

The Plan's investments at fair value that are classified as Level 1, within the fair value hierarchy, as follows as of December 31, 2009 and 2008.

	2009	2008
Mutual Funds:		
High Yield Bond	$ 107,538	$ 74,245
Intermediate-Term Bond	499,906	438,090
Large Blend	487,462	207,865
Large Growth	600,981	452,646
Large Value	358,762	289,217
Mid-Cap Growth	193,494	141,638
Mid-Cap Value	49,651	35,718
Moderate Allocation	13,491	11,167
Short Government	338,118	312,881
Small Value	292,009	409,983
Money Market Fund	168,190	170,882
Total	$ 3,109,602	$ 2,544,332

5. TAX STATUS

The Internal Revenue Service has determined and informed the plan sponsor by a letter dated June 14, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving its determination letter. The Plan Administrator and the Plan's legal counsel believe that the Plan, as amended, is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Effective February 1, 2010, the Plan was amended and restated to adopt the Standard Retirement Services, Inc. Defined Contribution Volume Submitter Plan. The restated prototype plan from which the plan was drafted received a favorable determination from the IRS dated March 31, 2008.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, assets will be allocated to each participant based on his/her respective account balance after payment of all final liquidation or termination expenses, pursuant to the directions of the plan administrator.

7. SUBSEQUENT EVENTS

The Company has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through September 3, 2010, which is the date the financial statements were available to be issued. During our evaluation, no subsequent event items were identified except as disclosed in Note 1 and Note 5.

SUPPLEMENTAL SCHEDULE

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

PLAN NO. 003
EIN 34-0900451

SCHEDULE H Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan Year Ended December 31, 2009

a	b	c	d	e
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	Cost	Current Value
*	Reliance Trust Company	American Beacon Small Cap Value	**	$ 292,009
*	Reliance Trust Company	American Funds Growth Fund R4	**	600,981
*	Reliance Trust Company	American Europacific Growth Fund	**	223,084
*	Reliance Trust Company	Columbia Acorn Fund Class Z	**	98,973
*	Reliance Trust Company	Davis New York Venture	**	127,137
*	Reliance Trust Company	Dodge & Cox Stock Fund	**	358,762
*	Reliance Trust Company	Goldman Mid-Cap Value A	**	49,651
*	Reliance Trust Company	Pimco High Yield Fund	**	107,538
*	Reliance Trust Company	Pimco Total Return Fund	**	499,906
*	Reliance Trust Company	T. Rowe Price Mid-Cap Growth Fund	**	94,521
*	Reliance Trust Company	Vanguard 500 Index Fund	**	137,241
*	Reliance Trust Company	Vanguard Balanced Index Fund	**	13,491
*	Reliance Trust Company	Vanguard Inc. Short Term Federal Government Fund	**	338,118
		Total Mutual Funds		2,941,412
*	Reliance Trust Company	Goldman Sachs ILA Prime Money Market	**	168,190
				$ 3,109,602

* Party-in-interest

** Participant directed investment

SHEELY'S FURNITURE & APPLIANCE, INC.
401(k) PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT
December 31, 2009 and 2008

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

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Louis Plung & Company

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email: info@louisplung.com

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Sheely's Furniture & Appliance, Inc. 401(k) Plan

We were engaged to audit the financial statements of Sheely's Furniture & Appliance, Inc. 401(k) Plan as of December 31, 2009 and 2008, and for the years then ended and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Louis Plung & Company, LLP

Pittsburgh, Pennsylvania
September 3, 2010

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS

	2009	2008
Investments (at fair value)		
Mutual funds	$ 2,941,412	$ 2,373,450
Money market fund	168,190	170,882
Total investments	3,109,602	2,544,332
Receivables:		
Participant contributions	7,907	1,961
Employer contributions	5,727	1,303
Total receivables	13,634	3,264
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,123,236	$ 2,547,596

The accompanying notes are an integral part of these financial statements.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest	$ 116	$ 3,083
Net appreciation (depreciation) in fair value of investments and realized gains and losses	610,756	(989,153)
Contributions:		
Participant	184,786	208,940
Employer	139,135	147,282
Total additions	934,793	(629,848)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	343,416	179,050
Administrative fees	15,737	19,481
Total deductions	359,153	198,531
Net increase (decrease)	575,640	(828,379)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	2,547,596	3,375,975
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 3,123,236	$ 2,547,596

The accompanying notes are an integral part of these financial statements.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of Sheely's Furniture & Appliance, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined contribution plan covering all non-union employees of Sheely's Furniture & Appliance, Inc. ("the Company") who have one year of service consisting of 1,000 service hours and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended February 11, 2002 to comply with the General Agreement on Tariffs, the Economic Growth Tax Relief and Reconciliation Act of 2001 and guidance issued there under.

Effective January 1, 2008, the Plan was amended to comply with the Final Treasury Regulations issued under Section 415 of the Internal Revenue Code of 1986.

Effective January 1, 2010, the Plan was amended to allow non-spousal beneficiary rollovers.

Contributions - Participants may contribute up to the lesser of the annual limitation ($16,500 and $15,500 for 2009 and 2008 respectively), or 100% of their pretax compensation, as defined in the Plan document. All participants who have attained age 50 before close of the Plan year are also eligible to make catch-up contributions in accordance with, and subject to the limitations of, Internal Revenue Code section 414(v). The Company matches the participants' contributions equal to the sum of 100% of the amount of their salary reductions that are not in excess of 3% of their compensation, plus 50% of the amount of their salary reductions that exceed 3% of their compensation but not in excess of 5% of their compensation. The Company has elected to exceed the above requirements for matching in 2009 and 2008. The Company matches the participant's contributions equal to the sum of 100% up to the first 5% of the elected contribution percentage.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan earnings and losses thereon. Allocations are based on participant earnings or account balances, as defined in the Plan document.

Investment Options - Participants may invest their voluntary contributions and the Company's contributions, plus actual earnings thereon into any of the fourteen investment options provided by the Plan as listed in Note 3 to the financial statements. The participant may change their investment election for new contributions and existing balances during the Plan year. Salary reduction elections are only permitted monthly during the Plan year.

Participant Loans - Loans are not permitted under the Plan.

Vesting - Participants are immediately 100% vested in their voluntary contributions, rollover contributions, and Company contributions plus actual earnings thereon.

Forfeitures - No forfeitures are present in the Plan since all contributions are immediately 100% vested.

Payment of Benefits - Upon termination of service, if the participant's account balance is $1,000 or less, a participant will automatically receive a lump-sum payment, less applicable withholding taxes. If the participant's account balance exceeds $1,000 but is less than $5,000, the participant must consent to an automatic distribution. If the participant does not elect to have such distribution paid, then the participant's account shall be distributed in a direct rollover to an Individual Retirement Account (IRA) designated by the Plan Administrator. If the participant's account balance is greater than $5,000, the participant may elect to either (a) receive an immediate lump-sum amount equal to the value of his/her account or (b) leave the account balance in the Plan until such time as the participant decides to withdraw the account balance. In any event, withdrawal of the account balance must commence once the participant attains the age of 59½ years.

Plan Administration Costs and Administrative Fees - All internal recordkeeping costs in administering the Plan are paid by the Company. These costs include the salaries of Company personnel who administer the Plan and allocated payroll department costs. Professional fees and costs for the external recordkeeping services performed by Standard Retirement Services are paid by the Plan. Administrative fees resulting from transactions costs, loads and fees with the Reliance Trust Company (the "Custodian") are paid by the Company.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Net Appreciation (Depreciation) - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year if held for the entire year or from date of purchase to the end of the year.

Income Recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Investments - The valuation of investments at December 31, 2009 and 2008 is prepared by the Custodian, and is presented at fair value based on quoted market prices.

New Accounting Pronouncements - In June 2009, the FASB issued guidance under the Accounting Standards Codification ("ASC") Topic 105, Generally Accepted Accounting Principles ("GAAP") (SFAS No. 168, The FASB Accounting Standards Codification and Hierarchy of GAAP). This guidance establishes the FASB ASC as the single source of authoritative U.S. GAAP recognized by the FASB to be applied by non governmental entities. The ASC supersedes all existing non-SEC accounting and reporting standards. All other non-grandfathered, non-SEC accounting literature not included in the ASC has become non authoritative. Following SFAS 168, the FASB will no longer issue any standards in the form of Statements, FSPs, or EITFs Abstracts. Instead, the FASB will issue Accounting Standards Updates, which will serve on to update the ASC, provide background information about the guidance, and provide the bases for conclusions on the change in the ASC. The Plan adopted ASC 105 effective for the financial statements issued as of December 31, 2009. The adoption of this guidance did not have an impact on the financial statements but will alter the references to accounting literature within the financial statements.

Since the adoption of ASC 105, FASB issued approximately 41 updates to the ASC up through September 3, 2010. Management has reviewed each of these updates and has determined that none of the updates will have an impact on the Plan's financial statements. Management will continue to monitor the issuance of updates throughout the year to determine if the update will have an impact on the Plan's financial statements and should it have an impact, the update will be disclosed in the notes to the financial statements.

3. INVESTMENTS (UNAUDITED)

At December 31, 2009 and 2008, the Plan's investments and executed transactions therein were held by the Custodian. The following is a summary of the Plan's investments that are included in the financial statements and supplemental schedule based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

At December 31, 2009 and 2008, the Plan's investments consisted of the following:

	2009		2008	
Mutual Funds				
American Beacon Small Cap Value	$ 292,009	(a)	$ 241,601	(a)
American Funds Growth Fund R4	600,981	(a)	452,646	(a)
American EuroPacific Growth Fund	223,084	(a)	168,382	(a)
Columbia Acorn Fund Class Z	98,973		77,210	
Davis New York Venture	127,137		86,924	
Dodge & Cox Stock Fund	358,762	(a)	289,217	(a)
Goldman Mid-Cap Value A	49,651		35,718	
Pimco High Yield Fund	107,538		74,245	
Pimco Total Return Fund	499,906	(a)	438,090	(a)
T. Rowe Price Mid-Cap Growth Fund	94,521		64,428	
Vanguard 500 Index Fund	137,241		120,941	
Vanguard Balanced Index Fund	13,491		11,167	
Vanguard Inc. Short Term Federal Government Fund	338,118	(a)	312,881	
Total Mutual Funds	2,941,412		2,373,450	
Money Market Funds				
Goldman Sachs ILA Prime Money Market	168,190	(a)	170,882	(a)
Total Money Market Funds	168,190		170,882	
Total Investments	$ 3,109,602		$ 2,544,332	

(a) Represents 5% or more of net assets available for benefits

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $610,757 and $(989,153) during the years ended December 31, 2009 and 2008, respectively as follows:

	2009	2008
Mutual Funds	$ 610,756	$ (989,153)

The Plan's independent auditors did not perform auditing procedures with respect to information certified by the Custodian at December 31, 2009 and 2008, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, Fair Value Measurements and Disclosures (formerly SFAS No. 157, Fair Value Measurements), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques, as disclosed in Note 2, based on the inputs available to measure the fair value of its investments. There have been no changes in the methodologies used at December 31, 2009 and 2008.

The Plan's investments at fair value that are classified as Level 1, within the fair value hierarchy, as follows as of December 31, 2009 and 2008.

	2009	2008
Mutual Funds:		
High Yield Bond	$ 107,538	$ 74,245
Intermediate-Term Bond	499,906	438,090
Large Blend	487,462	207,865
Large Growth	600,981	452,646
Large Value	358,762	289,217
Mid-Cap Growth	193,494	141,638
Mid-Cap Value	49,651	35,718
Moderate Allocation	13,491	11,167
Short Government	338,118	312,881
Small Value	292,009	409,983
Money Market Fund	168,190	170,882
Total	$ 3,109,602	$ 2,544,332

5. TAX STATUS

The Internal Revenue Service has determined and informed the plan sponsor by a letter dated June 14, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving its determination letter. The Plan Administrator and the Plan's legal counsel believe that the Plan, as amended, is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Effective February 1, 2010, the Plan was amended and restated to adopt the Standard Retirement Services, Inc. Defined Contribution Volume Submitter Plan. The restated prototype plan from which the plan was drafted received a favorable determination from the IRS dated March 31, 2008.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, assets will be allocated to each participant based on his/her respective account balance after payment of all final liquidation or termination expenses, pursuant to the directions of the plan administrator.

7. SUBSEQUENT EVENTS

The Company has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through September 3, 2010, which is the date the financial statements were available to be issued. During our evaluation, no subsequent event items were identified except as disclosed in Note 1 and Note 5.

SUPPLEMENTAL SCHEDULE

SHEELY'S FURNITURE & APPLIANCE, INC. 401(k) PLAN

PLAN NO. 003
EIN 34-0900451

SCHEDULE H Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan Year Ended December 31, 2009

a	b	c	d	e
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	Cost	Current Value
*	Reliance Trust Company	American Beacon Small Cap Value	**	$ 292,009
*	Reliance Trust Company	American Funds Growth Fund R4	**	600,981
*	Reliance Trust Company	American Europacific Growth Fund	**	223,084
*	Reliance Trust Company	Columbia Acorn Fund Class Z	**	98,973
*	Reliance Trust Company	Davis New York Venture	**	127,137
*	Reliance Trust Company	Dodge & Cox Stock Fund	**	358,762
*	Reliance Trust Company	Goldman Mid-Cap Value A	**	49,651
*	Reliance Trust Company	Pimco High Yield Fund	**	107,538
*	Reliance Trust Company	Pimco Total Return Fund	**	499,906
*	Reliance Trust Company	T. Rowe Price Mid-Cap Growth Fund	**	94,521
*	Reliance Trust Company	Vanguard 500 Index Fund	**	137,241
*	Reliance Trust Company	Vanguard Balanced Index Fund	**	13,491
*	Reliance Trust Company	Vanguard Inc. Short Term Federal Government Fund	**	338,118
		Total Mutual Funds		2,941,412
*	Reliance Trust Company	Goldman Sachs ILA Prime Money Market	**	168,190
				$ 3,109,602

* Party-in-interest

** Participant directed investment