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 accord	dance witl	n the instructions to the Form 5500)-SF.		
		lentification Information					
For	calendar plan year 2009 or fisca	al plan year beginning 05/01/2009	9	and ending 03	2/28/2	2010	
Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan
В .	This return/report is for:	first return/report	final retur	n/report		_	
		an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am
		special extension (enter descriptio					
Do	rt II Pacia Plan Inform	_ ` ` ` `					
		nation—enter all requested informa	ation	I	1h	Three-digit	1
	Name of plan	PROFIT SHARING & 401(K) PLAN			10	plan number	
						(PN) •	001
					1c	Effective date of	
						05/01/2	2003
		ess (employer, if for single-employer	plan)		2b		fication Number
RICH	MARK FURNITURE CO., INC.				20	(EIN) 15-058	telephone number
1641	E. GENESEE STREET				20	315-47	
	ACUSE, NY 13210				2d	Business code	(see instructions)
						442210	
	Plan administrator's name and IMARK FURNITURE CO., INC.	address (if same as Plan sponsor, er 1641 E. GEN		,	3b	Administrator's 15-058	
KIOI	IMPARTOR ORIGINAL CO., INC.	SYRACUSE,			3c		telephone number
					-	315-47	•
	•	in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	DNI	
5a	Total number of participants at	the beginning of the plan year			тс 5а	FIN	
				}			0
	·	the end of the plan year		Į.	5b		0
С		th account balances as of the end of			5с		0
6a	, ,			(See instructions.)			X Yes No
				ndent qualified public accountant (IQF			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes No
D-			orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Informa	ation			1		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year
	Total plan assets		. 7a	79710			0
b	•		. 7b				
<u>C</u>		'b from line 7a)	7c	79710			0
8	Income, Expenses, and Transf			(a) Amount		(b)	Total
а	Contributions received or recei	vable from:	8a(1)				
			8a(2)		_		
	, ,)			_		
b	, ,			5914			
C	` '	8a(2), 8a(3), and 8b)	8c	5511			5914
d		rollovers and insurance premiums	. 00				3311
-	to provide benefits)	·	. 8d	85624			
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				85624
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-79710
j	Transfers to (from) the plan (se	ee instructions)	8i				

Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2K

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

	0	plant promises mentale series, error into approache nentale realis			0.00				
art	٧	Compliance Questions							
0	Duri	ng the plan year:				Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X		
С	Was the plan covered by a fidelity bond?								20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X		
е	insu	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.)					X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10q		X		
h	If thi	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X		
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X No
2		is a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			:h		Day		Year
		r the minimum required contribution for this plan year					12b		
		r the amount contributed by the employer to the plan for this plan				1	12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left of	of a		12d		
е	-	he minimum funding amount reported on line 12d be met by the fu				-		Yes	No N/A
art		Plan Terminations and Transfers of Assets	Ŭ					<u></u> !	
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X Yes No
		es," enter the amount of any plan assets that reverted to the emplo				Г	13a		0
b		e all the plan assets distributed to participants or beneficiaries, train					ntrol	l	
	of th	e PBGC?							X Yes No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ie plai	n(s) to			
1	3c(1)	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
									1
auti	ion: A	penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	ıse is	establ	ished.	
SB or	· Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.							
	Fil		08/23/2011	WENDY WALSH					
SIGN	N L								

SIGN	Filed with authorized/valid electronic signature.	08/23/2011	WENDY WALSH					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

I C	art I Annual Report Identification Information						
For		05/01/20	009 and ending		02/28/2010		
A	This return/report is for: X single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report X	final return	/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
C /	Check box if filing under: X Form 5558	automatic	• • •	,	DFVC program		
•	special extension (enter descripti	.1					
	art II Basic Plan Information—enter all requested inform	nation		46	Thurs diale		
	Name of plan Richmark Furniture Co., Inc. Profit			TD	Three-digit plan number		
					(PN) ▶ 001		
	Sharing & 401(K) Plan		1c Effective date of plan				
					05/01/2003		
2a	Plan sponsor's name and address (employer, if for single-employer Richmark Furniture Co., Inc.	r plan)		2b	Employer Identification Number (EIN) 15-0584204		
				20	Plan sponsor's telephone number		
	1641 E. Genesee Street			2.0	(315) 474 - 4692		
	1041 E. Genesee Street			2d	Business code (see instructions)		
	Syracuse		NY 13210		442210		
	Plan administrator's name and address (if same as Plan sponsor, esame	enter "Same	')	3b	Administrator's EIN		
				3c	Administrator's telephone number		
			(315)474-4692				
	f the name and/or EIN of the plan sponsor has changed since the la		ort filed for this plan, enter the	4b	EIN		
r	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
	Total number of participants at the end of the plan year			5b			
	Total number of participants with account balances as of the end of			30			
C	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets? (See instructions.)		X Yes No		
	Are you claiming a waiver of the annual examination and report of	f an indepen	dent qualified public accountant (IC				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		ne l				
Da					X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use F				A res No		
-	rt III Financial Information		F and must instead use Form 55				
7 a	rt III Financial Information Plan Assets and Liabilities	Form 5500-S	F and must instead use Form 55 (a) Beginning of Year	00	(b) End of Year		
а	rt III Financial Information Plan Assets and Liabilities Total plan assets	Form 5500-S	F and must instead use Form 55	00			
a b	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b	F and must instead use Form 55 (a) Beginning of Year 79,71	00.			
a b c	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	F and must instead use Form 55 (a) Beginning of Year 79,71	00.	(b) End of Year		
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	F and must instead use Form 55 (a) Beginning of Year 79,71	00.			
a b c	rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	F and must instead use Form 55 (a) Beginning of Year 79,71	00.	(b) End of Year		
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	F and must instead use Form 55 (a) Beginning of Year 79,71	00.	(b) End of Year		
a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2)	F and must instead use Form 55 (a) Beginning of Year 79,71	00.	(b) End of Year		
a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2) 8a(3)	F and must instead use Form 55 (a) Beginning of Year 79,71	0	(b) End of Year		
a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	F and must instead use Form 55 (a) Beginning of Year 79,71 79,71 (a) Amount	0	(b) End of Year		
a b c 8 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8b 8c	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		
a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	F and must instead use Form 55 (a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		
a b c d e	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		
a b c b c d e f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		
a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		
a b c 8 a b c d e f g h	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total 5,914		
a b c 8 a b c d e f g h	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 79,71 79,71 (a) Amount	0 0 4	(b) End of Year (b) Total		

*	\$6	Form 5500-SF 2009 Pag	je 2-						
Par	t IV	Plan Characteristics							·····
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the L 2E 2F 2H 2J 2K e plan provides welfare benefits, enter the applicable welfare feature codes from the Lie							
Parl	: V	Compliance Questions							
10	Dur	ing the plan year:			Yes	No		Amount	-
а		s there a failure to transmit to the plan any participant contributions within the time period CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program		n 10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactine 10a.)		10b		Х			
С	Wa	s the plan covered by a fidelity bond?		10c	Х			:	20,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca lishonesty?		10d		Х			
е	inst	re any fees or commissions paid to any brokers, agents, or other persons by an insurar urance service or other organization that provides some or all of the benefits under the pructions.)	olan? (See	10e		Х			
f		the plan failed to provide any benefit when due under the plan?		10f		Х			

g h	If th	the plan have any participant loans? (If "Yes," enter amount as of year end.)is is an individual account plan, was there a blackout period? (See instructions and 29 to 10.101-3.)	CFR	10g		X			
i	If 10	Oh was answered "Yes," check the box if you either provided the required notice or one eptions to providing the notice applied under 29 CFR 2520.101-3	of the	10ii		7.			
art	VI	Pension Funding Compliance			······································		1		
11	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru 0))						Yes	X No
12	ls ti	his a defined contribution plan subject to the minimum funding requirements of section	412 of the Co	de or se	ction 3	302 of	ERISA?	Yes	X No
	*	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year is being amortized in this plan year.	Mo	onth					
_	•	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s			Г	401-			
b		er the minimum required contribution for this plan year				12b			
C		er the amount contributed by the employer to the plan for this plan year				12c			
d	neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus ative amount)	******************	******		12d	7	7 N	
		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							
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				*****		X Yes	
namen manage in the	and the second	es," enter the amount of any plan assets that reverted to the employer this year				13a			Q
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another p ne PBGC?		************				X Yes	☐ No
С		uring this plan year, any assets or liabilities were transferred from this plan to another pl ch assets or liabilities were transferred. (See instructions.)	an(s), identify	the pla	n(s) to				
	13c(1) Name of plan(s):			130	c(2) EI	N(s)	13c(3) PN(s)
Caul	tion: .	A penalty for the late or incomplete filing of this return/report will be assessed un	less reasona	ble cau	ıse is (establ	ished.		
		this of the state of the state in the instructions. I dealers that I have a						blo a Sab	odulo

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN

Susan Bova

SIGN HERE	Signature of employer/plan sponsor	Date /	Enter name of individual signing as employer or plan sponsor
	Susin RNL	8/15/11	Susan Bova
SIGN HERE	Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
	origin forh	8/15/11	Susan Bova

Department of the Treasury Internal Revenue Service

Signature >

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Pal	til Identification										
Α	Name of filer, plan administrator, or plan sponsor (see instructions) Richmark Furniture Co., Inc. Number, street, and room or suite no. (If a P.O. box, see instructions)	B		-		umber (see instructions). on number (EIN).					
	1641 E. Genesee Street		15-05	84204							
	City or town, state, and ZIP code		Social security number (SSN)								
	Syracuse NY 13210										
С	Plan name		Plan numb	+	Plan year ending—						
			;	:	MM	DD	YYYY				
1	Richmark Furniture Co., Inc. Profit Sharing & 401(K) Plan	0	. 0	1	2	28	2010				
			† •	1							
2				:	alaques et a comment ou accesso because de commente con						
3			5 2 1								
Par	Extension of Time to File Form 5500 or Form 5500-E2	Z (see in:	struci	rions)							
1	I request an extension of time until5/15/2010 to file F	orm 5500	or Fo	orm 550	00-EZ.						
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.										
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-	EZ filed a	fter th	e due d	date for the p	olans listed i	in C above.				
Note	. A signature is not required if you are requesting an extension to file Form 55										
Par 2	Extension of Time to File Form 5330 (see instructions) I request an extension of time until/ to file F	orm 5330).								
	You may be approved for up to a six (6) month extension to file Form 5330,	after the n	ormal	due dat	te of Form 53	30.					
а	Enter the Code section(s) imposing the tax		<u>a</u>	<u></u>							
b	Enter the payment amount attached				•	b					
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversity State in detail why you need the extension	on/amend	ment (date .		<u> </u>					
			* * # * * *		the factor of the second of the second						
I Indo	penalties of perjury, I declare that to the best of my knowledge and belief, the statem	ents marie	on this	form ar	e true correct	and complete	and that I am				
author	rized to prepare this application.	MIGNIE	J. 180	الجيا المدانيين		www.tipitate	any amin'ny avoinan'n' i hanitr'i				

Date ▶