Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
CAPRIS FURNITURE INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP & SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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

1401 NW 27TH AVE
OCALA, FL 34475

2b Employer Identification Number (EIN)
59-2694517

2c Sponsor's telephone number
352-629-8889

2d Business code (see instructions)
337000

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.	10/14/2011	DONALD BEAUDET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	DONALD BEAUDET
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CAPRIS FURNITURE INDUSTRIES, INC.

1401 NW 27TH AVE
OCALA, FL 34475

3b Administrator's EIN
59-2694517

3c Administrator's telephone number
352-629-8889

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:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	176
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**	132
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2H 2J 2K 2P 2Q 3I

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)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(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 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). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
CAPRIS FURNITURE INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP & SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPRIS FURNITURE INDUSTRIES, INC.	**D** Employer Identification Number (EIN) 59-2694517	

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).. . . . . ☐ 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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

25-1801468

(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?
15 23 28 37 38 53 64 65	NONE	24074	Yes [X] No [ ]	Yes [ ] No [X]	10420	Yes [ ] No [X]

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

RETIREMENT PLAN SPECIALISTS, INC.

815 EYRIE DR
STE 2
OVIEDO, FL 32765-8602

59-3458014

(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?
13 15 17 37 50 64	NONE	8187	Yes [X] No [ ]	Yes [ ] No [X]	2995	Yes [ ] No [X]

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

HANLON INVESTMENT MANAGEMENT, INC.

3393 BARGAINTOWN RD
EGG HARBOR TWP, NJ 08234

22-3723068

(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?
26 51	NONE	12567	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

LINCOLN FINANCIAL SECURITIES

ATTN INSURANCE COMMISSIONS
ONE GRANITE PLACE
CONCORD, NH 03301-0000

02-0275490

(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?
26 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12329	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 [ ]

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
NATIONWIDE	26	5027

(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.
HANLON INVESTMENT MANAGEMENT, INC 3393 BARGAINTOWN RD EGG HARBOR, NJ 08234 22-3723068	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	28	1949

(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	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	28	1318

(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.
NATIONWIDE FUNDS GROUP	MUTUAL FUNDS PAYMENTS

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
RETIREMENT PLAN SPECIALISTS, INC.	13	1798

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 25-1801468	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RETIREMENT PLAN SPECIALISTS, INC.	13	1197

(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.
NATIONWIDE ONE NATIONWIDE PLAZA OLUMBUS, OH 43215 CA 25-1801468	ADMINISTRATIVE SERVICES FEE/OV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LINCOLN FINANCIAL SECURITIES	52	12329

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 25-1801468	COMPENSATION

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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CAPRIS FURNITURE INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAPRIS FURNITURE INDUSTRIES, INC.

D Employer Identification Number (EIN)
59-2694517

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9299	9299
(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)	155413	168089
(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)	1579765	1708128
(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)	2310344	2183806
(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	4054821	4069322
Liabilities			
g Benefit claims payable	1g	7551	6143
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3033854	2567763
k Total liabilities (add all amounts in lines 1g through1j)	1k	3041405	2573906
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1013416	1495416

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)	607609	
(B) Participants	2a(1)(B)	180447	
(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)		788056
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	8328	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8328
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)	-126538	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-126538
	(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)		45748
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		715594
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	128851	
	(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)		128851
f	Corrective distributions (see instructions)	2f		6143
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		98600
i	Administrative expenses: (1) Professional fees	2i(1)		
	(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)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		233594
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		482000
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CRIPPEN TRICE FORD TORRES, LLP **(2)** EIN: 59-2032210

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		250000
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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CAPRIS FURNITURE INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP & SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAPRIS FURNITURE INDUSTRIES, INC.

D Employer Identification Number (EIN)
59-2694517

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): 25-1801468

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):

---

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):

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP
AND SAVINGS PLAN
Ocala, Florida

ANNUAL FINANCIAL STATEMENTS
December 31, 2010

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Independent Auditors' Report

October 11, 2011

To the Administrative Committee of
Capris Furniture Industries, Inc.
Employee Stock Ownership and Savings Plan
Ocala, Florida

We were engaged to audit the accompanying statement of net assets available for benefits of Capris Furniture Industries, Inc. Employee Stock Ownership and Savings Plan (ESOP) (the "Plan") as of December 31, 2010 and December 31, 2009 and the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets held for investment purposes for the year ended December 31, 2010. 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 K, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Nationwide Financial Services, Inc. holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental 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 Security Act of 1974.

Ocala, Florida

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010

ASSETS

	401(k)	ESOP Match Allocated	ESOP Allocated	ESOP Unallocated	401(k) & ESOP Total
Investments at fair value:					
Mutual funds	$1,708,128	$ -	$ -	$ -	$1,708,128
Common stock, Capris Furniture Industries, Inc.		348,054	745,326	1,090,426	2,183,806
Participant loans	180,293				180,293
Cash and cash equivalents				9,299	9,299
Total Assets	$1,888,421	$ 348,054	$ 745,326	$ 1,099,725	$4,081,526

LIABILITIES

Corrective distributions payable	$ 6,143	$ -	$ -	$ -	$ 6,143
Loan payable	-	-	-	2,567,763	2,567,763
Total Liabilities	6,143	-	-	2,567,763	2,573,906
Net Assets Available (Deficit) for Plan Benefits	$1,882,278	$ 348,054	$ 745,326	$(1,468,038)	$1,507,620

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

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009

ASSETS

	401(k)	ESOP Match Allocated	ESOP Allocated	ESOP Unallocated	401(k) & ESOP Total
Investments at fair value:					
Mutual funds	$1,549,426	$ -	$ 30,339	$ -	$1,579,765
Common stock, Capris Furniture Industries, Inc.	-	268,039	679,297	1,363,008	2,310,344
Participant loans	167,617	-	-	-	167,617
Cash and cash equivalents	-	-	-	9,299	9,299
Total Assets	$1,717,043	$ 268,039	$ 709,636	$ 1,372,307	$4,067,025

LIABILITIES

Corrective distributions	$ 7,551	$ -	$ -	$ -	$ 7,551
Loan payable	-	-	-	3,033,854	3,033,854
Total Liabilities	7,551	-	-	3,033,854	3,041,405
Net Assets Available (Deficit) for Plan Benefits	$1,709,492	$ 268,039	$ 709,636	$(1,661,547)	$1,025,620

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

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010

	401(k)	ESOP Match Allocated	ESOP Allocated	ESOP Unallocated	401(k) & ESOP Total
Additions:					
Investments at fair value:					
Appreciation/(depreciation) in market value of investments	$ 47,552	$ (14,681)	$ (39,009)	$ (74,652)	$ (80,790)
Interest income	8,328	-	-	-	8,328
Dividend income	-	-	-	-	-
	55,880	(14,681)	(39,009)	(74,652)	(72,462)
Contributions:					
Employer's		-	-	607,609	607,609
Participants'	180,447	-	-	-	180,447
Allocation of 9,249.0683 shares of common stock of Capris Furniture Industries, Inc. at market value	-	94,696	103,234	-	197,930
	180,447	94,696	103,234	607,609	985,986
Total Additions	236,327	80,015	64,225	532,957	913,524
Deductions:					
Plan benefits paid	57,398	-	71,453	-	128,851
Corrective distributions	6,143	-	-	-	6,143
Interest expense	-	-	-	98,600	98,600
Allocation of 9,249.0683 shares of common stock of Capris Furniture Industries, Inc. at market value	-	-	-	197,930	197,930
Total Deductions	63,541	-	71,453	296,530	431,524
Cash Transfers, Net	-		42,918	(42,918)	-
Net Increase/(Decrease)	172,786	80,015	35,690	193,509	482,000
Net Assets Available (Deficit) for Benefits:					
Beginning of Year	1,709,492	268,039	709,636	(1,661,547)	1,025,620
End of Year	$1,882,278	$ 348,054	$ 745,326	$(1,468,038)	$1,507,620

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

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
NOTES TO FINANCIAL STATEMENTS
December 31, 2010

NOTE A - DESCRIPTION OF PLAN

The following is a brief description of Capris Furniture Industries, Inc. Employee Stock Ownership and Savings Plan, (the "Plan"), and is provided for general information purposes only. Participants should refer to the Plan agreement for a more detailed description of the Plan.

General - The Plan is a defined contribution plan designed to provide benefits to eligible employees of Capris Furniture Industries, Inc. (an S corporation) (the "Company") upon retirement, disability, death or termination of employment and was established on January 1, 1993 and amended and restated on January 1, 2003 and again on January 1, 2004.

The Plan was organized as a profit sharing plan under §401(a) and §401(k) of the Internal Revenue Code (the "Code") until January 1, 2004. Capris Furniture Industries, Inc. established the Capris Furniture Industries, Inc. Employee Stock Ownership and Savings Plan effective as of January 1, 2004. At that time, the Plan was amended and operates, in relevant part, as a leveraged employee stock ownership and savings plan (ESOP) that contains a cash or deferred feature, and is designed to comply with Section 4975(e) and the regulations there under of the Code, as amended and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by an Employee Benefits Administration Committee comprised of not less than two nor more than seven persons appointed by the Capris Furniture Industries, Inc.'s Board of Directors. Nationwide Financial Services, Inc., an independent third-party, is the Plan's Custodian for the 401(k) plan assets and the ESOP allocated investments. The Trustees, Pedro R. Interian and Donald R. Beaudet, are custodians of the Company stock (ESOP plan asset) and all other ESOP plan assets are being held at Lincoln Financial Securities. The Plan covers substantially all eligible employees of the Company.

The Plan purchased Company common shares using the proceeds of a loan granted by the Company (Note I) and collateralized by the common stock of the Company, held in a trust established by the Plan. The borrowing is to be repaid over a period of ten years by fully deductible Company contributions to the trust fund. As the Plan makes each payment of principal, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the Code. Shares vest fully upon allocation.

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
NOTES TO FINANCIAL STATEMENTS
December 31, 2010

NOTE A - DESCRIPTION OF PLAN (continued)

The borrowing is collateralized by the unallocated shares of stock. The lender has no rights against shares once they are allocated under the ESOP, nor does it have rights against the 401(k) assets. Accordingly, the financial statements of the Plan as of December 31, 2010 and 2009 and for the year-ended December 31, 2010 present separately the assets and liabilities and changes therein pertaining to:

1. the accounts of employees with vested rights in allocated ESOP stock and allocated match stock
2. stock not yet allocated to employees (Unallocated) and
3. 401(k) assets.

Contributions and Funding Policy - Employees are permitted to defer the lesser of 100 percent of allowable compensation within the meaning of section 415(c)(3) of the Code for the limitation year or $40,000 as adjusted for increases in the cost-of-living under section 415(d) of the Code. The employer matching contribution is discretionary; however, in 2010, the Company matched employees' elective deferral contributions up to a maximum of four percent, with allocated stock, if the employee was an active participant as of December 31, 2010. Other qualified, non-elective contributions may be made to the Plan at the Company's discretion. It is the Company's policy to remit the employees' contribution with each weekly payroll.

Employer discretionary contributions are made at the Company's discretion and are not required to be made every year. Qualified participants will be entitled to a share of the contributions. Qualified participant means any participant who is an active employee on the last day of the plan year in question or who is credited with more than 1,000 hours of service during the plan year in question or whose retirement or death occurred during the plan year in question.

Participant Accounts - The Plan is a deferred contribution plan under which a separate individual account is established for each participant.

Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Allocations are based on a participant's eligible compensation, relative to total eligible compensation and years of service.

NOTE A - DESCRIPTION OF PLAN (continued)

Each participant's account is credited with the participant's contribution and an allocation of the employer matching contribution and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Plan does not accept rollover contributions.

Vesting - Employee contributions and the related allocated net income or loss are fully vested upon contribution. Vesting in the employer discretionary matching and employer discretionary contributions, plus actual earnings thereon, is based upon years of service as follows:

Years of Service	Nonforfeitable Percentage
Less than 1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Participants are 100% vested upon attaining normal retirement age (age 65), or death or disability.

Participant Loans - Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance attributed to elective deferrals, qualified non-elective contribution and employer matching contributions (where such employer matching contributions were made prior to January 1, 2007). Loan terms will not exceed five years except for loans used to purchase primary residences. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rate for 2010 ranged from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Eligibility - Employees (except for non-resident aliens and union) of the Company who have completed twelve months of eligible service providing they worked at least 1,000 hours during such plan year and have attained 21 years of age are eligible to participate in the Plan. The entry date is the first day of the first and seventh month of the plan year following the date eligibility

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
NOTES TO FINANCIAL STATEMENTS
December 31, 2010

NOTE A - DESCRIPTION OF PLAN (continued)

Payment of Benefits - Benefits will be paid according to the terms of the plan. Benefits are recorded when paid.

Hardship withdrawals are permitted on elective deferrals and qualified non-elective contributions only.

In-service withdrawals are allowed on the vested account of elective deferrals, qualified non-elective contributions and employer matching contributions (where such employer matching contributions are made prior to January 1, 2007) upon attaining age 59-1/2.

Payment of benefits upon termination for elective deferrals, qualified non-elective contributions, employer matching contributions (where such employer matching contributions are made prior to January 1, 2007) shall be made as soon as administratively feasible. Payment of benefits upon termination for employer discretionary and employer matching contributions (where such employer matching contributions are made on or after January 1, 2007) shall begin no later than one year after the close of the 5th plan year in which the participant was separated from service.

Payment of benefits upon termination due to death, disability or retirement shall begin not later than one year after the close of the plan year in which the event occurs.

Under the provisions of the Plan, the company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitiations. During 2010, the Company repurchased from participants 386.417 shares at prices determined from the independent appraisal.

Forfeited Accounts - Forfeitures may be used to off set the amount of any employer contribution. Forfeitures of terminated non-vested account balances allocated to remaining participants at December 31, 2010 and 2009 totaled $7,387and $5,196, respectively. Plan forfeitures are allocated to each participant's account in the same manner as employer discretionary contributions and employer matching contributions.

Voting Rights - Each participant may be entitled to direct the manner in which certain voting rights are exercised on full shares of stock attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. In the event voting directions are not given, such stock shall or shall not be voted by the Trustee, as the Trustee, in its sole discretion shall deem appropriate. The Trustee is required, however, to vote any unallocated shares.

NOTE A - DESCRIPTION OF PLAN (continued)

Put Option - Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification - Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each of these eligible participants over a six-year period. In each of the first five years, a participant may diversify up to 25% of the value of the participant's account balance, attributable to Company stock, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review - Subsequent events were evaluated through October 11, 2011, which is the date the financial statements were available to be issued.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

The common shares of the Company are valued at estimated fair value. See Note C for a discussion of fair value measurements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on a settlement date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefits are recorded when paid.

Operating Expenses - Expenses of the Plan are paid by the Company and participants. Participants paid $23,180 of expense which is included in the amount of gain reported on registered investments. These expenses do not include indirect fees charged by mutual funds and other service providers.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present fair value measurement information for certain financial instruments. The carrying values of receivables, cash, and payables included in the accompanying statement of net assets available for benefits approximated fair value at December 31, 2010 and 2009, and are thus not included in the following table.

		Fair Value Measurements Using:	
December 31, 2010	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,708,128	$ 1,708,128	$ -
Capris Furniture Industries, Inc. common stock	2,183,806	-	2,183,806
Participant loans	180,293	-	
Total	$ 4,072,227	$ 1,708,128	$ 2,183,806

NOTE C - FAIR VALUE MEASUREMENTS (continued)

December 31, 2009	Fair Value	(Level 1)	(Level 3)
Mutual funds	$ 1,579,765	$ 1,579,765	$ -
Capris Furniture Industries, Inc. common stock	2,310,344	-	2,310,344
Participant loans	167,617	-	167,617
Total	$ 4,057,726	$ 1,579,765	$ 2,477,961

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements - The fair value of mutual funds is determined by Nationwide Financial Services, Inc.'s unit value formula.

Level 3 Fair Value Measurements - The fair value of Capris Furniture Industries, Inc. common stock is based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair value of company assets and liabilities.

The fair value of participant loans is the amortized cost, which approximates fair value.

The followig table provides further details of this Level 3 fair value measurement.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

December 31, 2010	Capris Furniture Industries, Inc. Common Stock	Participant Loans	Total
Beginning balance	$ 2,310,344	$ 167,617	$ 2,477,961
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(126,538)	-	(126,538)
Purchases, sales, issuances, and settlements (net)	-	12,676	12,676
Ending balance	$ 2,183,806	$ 180,293	$ 2,364,099

NOTE C - FAIR VALUE MEASUREMENTS (continued)

December 31, 2009	Capris Furniture Industries, Inc. Common Stock	Participant Loans	Total
Beginning balance	$ 2,719,553	$ 184,734	$ 2,904,287
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(409,209)	-	(409,209)
Purchases, sales, issuances, and settlements (net)	-	(17,117)	(17,117)
Ending balance	$ 2,310,344	$ 167,617	$ 2,477,961

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

NOTE D - INVESTMENTS

Investments representing 5% or more of net assets available for benefits as of December 31, 2010 and 2009 are as follows:

The Plan's investments in Capris Furniture Industries, Inc. common shares at December 31, 2010 and 2009 are as follows:

	2010		2009	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	51,092.5263	50,954.4737	41,843.4578	60,203.5422
Cost	$ 1,734,812	$ 3,276,716	$ 1,536,882	$ 3,474,646
Estimated fair value	$ 1,093,380	$ 1,090,426	$ 947,336	$ 1,363,008

NOTE D - INVESTMENTS (continued)

Mutual funds:

	2010	2009
American Funds Euro Pacific Growth Fund, 34,478.2387 units for 2009	$ N/A	$ 54,801
American Funds Am Hi Income Fund 266,160.8492 and 366,670.3387 units, respectively	344,506	419,809
RydexSGI MdCap 1 5xStrat H 83,4023.0358 units for 2010	76,947	N/A
RydexSGIRsl 2000 1 5xStrat H 96,064.9975 units for 2010	77,141	N/A
RydexSGI Nasdqy 100 Adv 108,230.8088 units for 2010	114,498	N/A
RydexSGI Euro 1 25xStratH 174,651.8143 units for 2010	94,835	N/A
Lord Abbott Hi Yield A 163,289.8173 and 287,346.3518 units, respectively	267,948	418,014
Nationwide Money Market Fund 48,999.8359 units for 2009	N/A	52,098
Principal Inv Hi Yield 253,247.5246 and 333,9033.0188 units, respectively	351,818	412,938

During 2010, 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 $(80,790) as follows:

	Year Ended December 31, 2010
Mutual funds	$ 45,748
Capris Furniture Industries, Inc., common stock	(126,538)
	$ (80,790)

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the custodians and their affiliates. Direct and indirect fees are paid by the Plan or the Company to the custodian, the administrator or financial advisors.

CAPRIS FURNITURE INDUSTRIES, INC.
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Ocala, Florida
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December 31, 2010

NOTE E - RELATED PARTY TRANSACTIONS (continued)

The Company pays certain administrative costs for the Plan. These fees totaled $51,353 in 2010 and $62,809 in 2009.

NOTE F - PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Code.

NOTE G - ADMINISTRATION OF PLAN ESOP ASSETS

The Plan's ESOP assets, which primarily consist of Capris Furniture Industries, Inc. common shares, are held by the Trustees of the Plan.

Company contributions are held and managed by the Trustees, which invests cash received, interest, and dividend income and makes distributions to participants. The Trustees also administer the payment of interest and principal on the loan, which is reimbursed to the Trustees through contributions as determined by the Company.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for the Custodians' fees are paid directly by the Company.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net assets available for benefits per statements	$ 1,507,620	$ 1,025,620
Participant loans - delinquent	(12,204)	(12,204)
Net assets per Form 5500	$ 1,495,416	$ 1,013,416

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2010 to Form 5500:

	2010
Net increase per statements	$ 482,000
Net increase per Form 5500	$ 482,000

NOTE I - LOAN PAYABLE

In 2005, the Plan entered into a $4,511,528 loan agreement with the Company. The proceeds of the loan were used to purchase the Company's common stock. Unallocated shares are collateral for the loan. The agreement provides for the loan to be repaid over ten years. The estimated fair market value of the note payable as of December 31, 2010 and 2009 was approximately $2,567,763 and $3,033,854, respectively, determined by using the rate of interest applicable for each respective period. The scheduled amortization of the loan for the next five years and thereafter is as follows: 2011 - $481,239; 2012 - $496,879; 2013 - $513,028; 2014 - $529,701; 2015 - $546,916 and thereafter - $0. The loan bears interest at the prime rate as published in the Wall Street Journal. For 2010 and 2009 the loan interest was 3.25% and 3.25%, respectively.

NOTE J - EMPLOYER CONTRIBUTIONS

The Company is obligated to make contributions in cash to the Plan which, when aggregated with the Plan's dividends, interest and distribution earnings equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loan.

NOTE K - ASSETS HELD BY CUSTODIAN

The Plan administrator has received from the custodian of certain assets for the trust created under the Plan, certifications of financial information and data in accordance with the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The data certified includes all of the 401(k) and ESOP allocated mutual funds. The information certified includes total investments of $1,708,128 at December 31, 2010, and related appreciation in value of $45,748 and interest income of $8,328 for the year ended December 31, 2010.

NOTE L - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 10, 2010, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and to their knowledge is being operated in compliance with the applicable requirements of the Code. Therefore, to their knowledge the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

CAPRIS FURNITURE INDUSTRIES, INC.
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December 31, 2010

NOTE M - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE N - SUBSEQUENT EVENTS

The plan was amended and restated on January 1, 2011 adpoting the safe harbor provisions.

SUPPLEMENTAL SCHEDULE

CAPRIS FURNITURE INDUSTRIES, INC.
EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
Ocala, Florida
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2010

Schedule H, line 4i-Schedule of Assets (Held at End of Year)
EIN: 59-2694517
Plan Number: 001

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION	(d) COST	(e) CURRENT VALUE
	Participant Loans	4.25% to 9.25% interest rate	$0	$ 180,293
	American Funds Euro Pacific Growth Fund	Mutual funds		$ 60,362
	American Funds Growth Fund of America	Mutual funds		32,232
	American Funds Am Hi Income Fund	Mutual funds		344,506
	Oppnhan Gold and Sp Mineral Fd A	Mutual funds		691
	Oppnhmr Ltd Term Govt Fd A	Mutual funds		508
	Oppnhmr Int'l Bond A	Mutual funds		7,226
	Pimco Total Return Fund Inst	Mutual funds		512
	Oppnhmr US Govt Fd A	Mutual funds		2,650
	Thornburg Value Fund Cls I	Mutual funds		56,000
	Invesco VanKamp SmCap Gr A	Mutual funds		852
	American Funds Euro Pacific Growth Fund	Mutual funds		
	Blk Rck Hi Yld Bd Port Inv A	Mutual funds		9,332
	Diamond Hill Small Cap Fund Cla A	Mutual funds		12,100
	Federated Kaufman Fd A	Mutual funds		37,287
	Fid Adv Leveraged Co Stk A	Mutual funds		26,312
	Nationwide Money Market Fund	Mutual funds		46,408
	Lord Abbott Hi Yield A	Mutual funds		267,948
	MFS Research Bond Fd A	Mutual funds		13,668
	Oppnhan Int'l Bond Fd A	Mutual funds		
	DWS RREEF Real Est Sec A	Mutual funds		12,320
	TCW Total Rtn Bd N	Mutual funds		14,478
	Prudential Jensen Nat Resources Fd A	Mutual funds		19,455
	Prudential Jennison Utility Fund Cl A	Mutual funds		188
	Invesco Van Kampen Equity & Inc. A	Mutual funds		3,335
	Ivy Science and Tech Fnd Y	Mutual funds		12,216
	Principal Inv Hi Yield	Mutual funds		351,818
	Jensen Overseas S	Mutual funds		10,215
	RydexSGI MidCap 5xStrat	Mutual funds		76,947
	RydexSGIRsl 2000 1 5xStraH	Mutual funds		77,141

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

CAPRIS FURNITURE INDUSTRIES, INC.
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December 31, 2010

RydexSGI Nasdaq Adv	Mutual funds		114,498
RydexSGI Euro 1 25xStrat H	Mutual funds		94,835
Vanguard Bal Indx Inv	Mutual funds		2,088
Lincoln Financial Securities	Mutual funds	9,299	9,299
* Capris Furniture Industries, Inc.	Common Stock - Allocated	1,734,812	1,093,380
* Capris Furniture Industries, Inc.	Common Stock - Unallocated	3,276,716	1,090,426
		$ 5,020,827	$ 4,081,526

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