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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 11/01/201	0	and ending 1	0/31/2	2011			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
	_	special extension (enter description	on)			_			
Pa	rt II Basic Plan Inforr	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
		NC. 401(K) RETIREMENT PLAN				plan number 002			
						(PN) ▶			
					1c	Effective date of plan 11/01/2001			
2a	Plan enoneor's name and addr	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	FS DISCOUNT JEWELERS, IN	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piarij		20	(EIN) 05-0353682			
4704	DOOT DOAD				2c	Plan sponsor's telephone number			
	POST ROAD WICK, RI 02888				24	401-737-4331			
					2 u	Business code (see instructions) 448310			
3a	Plan administrator's name and	address (if same as Plan sponsor, e		e")	3b	Administrator's EIN			
CHIE	FS DISCOUNT JEWELERS, IN	NC. 1724 POST WARWICK,				05-0353682			
					3c	Administrator's telephone number 401-737-4331			
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	FIN			
		er from the last return/report. Sponso							
	Total construction of a sufficient of	Other hands also at the other services			4c				
		t the beginning of the plan year			5a	4			
b		t the end of the plan year			5b	5			
С		rith account balances as of the end o		` .	5c	5			
6a		during the plan year invested in eligib				Yes No			
b	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
		See instructions on waiver eligibility				Yes No			
Do	rt III Financial Informa	ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.				
		ation							
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year 383319			
	Total plan assets		. 7a	373070		300313			
b		7h from line 7a\		375876		383319			
<u>C</u>		7b from line 7a)	. 7с						
8 a	Income, Expenses, and Transi Contributions received or rece			(a) Amount		(b) Total			
a			. 8a(1)	4116	6				
	(2) Participants		. 8a(2)	C)				
	(3) Others (including rollovers	s)	. 8a(3)	C)				
b	Other income (loss)		. 8b	3327	27				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			7443			
d		rollovers and insurance premiums	. 8d	C					
е		tive distributions (see instructions)		C)				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	C)				
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	8g	C					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				0			
i		e 8h from line 8c)				7443			
i		ee instructions)		C)				

	Form 5500-SF 2010 Page 2-								
o r	t IV Plan Characteristics		<u> </u>						
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 3D	acteris	stic Co	des in	the instr	uctions):		
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	tic Cod	des in	the instru	ıctions:	:		
ırt	V Compliance Questions								
)	During the plan year:		Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					500)0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	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.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
rt	VI Pension Funding Compliance								
l	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			`	[Yes	N	Ю
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	[Yes	X	ю
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMon								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter the minimum required contribution for this plan year			12b	<u> </u>				
				12c	<u> </u>				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			-	<u> </u>	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	No	N/A	1
	VII Plan Terminations and Transfers of Assets				Yes		No [

Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year......

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

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, 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	Filed with authorized/valid electronic signature.	01/13/2012	GAIL MANZI
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 5, 300-SF

Department c 4 the Treasury Internal Revi Inua Service

Departme int of Labor

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

2010

OMB Nos. 1210-0110 1210-0089

	Employee Benefits & Jecurity Administration	rity Act of	1974 (ERISA), and section 6058(a) of	the			
-	Peristrib Benefit GI. Járanty Comaration	I with the valide Code (the Code).					
1200	[> Complete all entries in ac	cordance	with the instructions to the Form 5		This Form is Open to Publi		
Ŀ	Part I An nual Report Identification Information		to the Foritt St	2DD-21	<u> </u>		
_	or calendar plating a year 2010 or fiscal plan year beginning	11/0	01/2010 and ending		10/21/2011		
	A This return/re part is for: X single-employer plan	C multi	pie-employer plan (not multiemployer)		10/31/2011		
	B This return/re-port is for.				one-participant plan		
		=	returrvreport				
	☐ an amended return/report	Short	plan year return/report (less than 12 m	onths)	ı		
	C Check box if filling under:		natic extension	-,	DFVC program		
	special extension (enter descri	lption)			☐ proc biodiam		
	Part II Basic Plan Information—enter all requested info	rmation					
	a rane or bign			1 :			
	CHIEFS DISCOUNT JEWELERS, INC. 401(K)	RETTER	י איני וייני	1b	Three-digit		
		*(12 + 12/12	MANI PLAN		plan number		
				4 -	(PN) 002		
_				10	Effective date of plan		
	2a Plan sporsor's name and address (employer, if for single-employ CHIEFS DISCOUNT JEWELERS, INC.	/er plan)		125	11/01/2001		
	CHILDRE DISCOOMI DEWELERS, INC.			ZD	Employer Identification Number		
	1724 POST ROAD			20	(EIN) 05-0353682		
					Plan sponsor's telephone number 401-737-4331		
	WARWICK RI 02888		2d	Business code (see instructions)			
3	Ba Plan idministrator's name and address (if same as Plan sponsor, CHIEFS DISCOUNT JEWELERS, INC.		448310				
	CHIEFS DISCOUNT JEWELERS, INC.	enter "Sa	me")	3b	Administrator's EIN		
	1724 POST ROAD				<u>05-035</u> 3682		
_	_ WARWICK DY COOKE			3с	Administrator's telephone number		
4	if the name and/or EIN of the plan sponger has phosped along the	ast return.	report filed for this also and all		<u>401-737-43</u> 31		
	name, ElN, and the plan number from the last return/report. Spons	sor's name	report med for this plan, enter the	4b	EIN		
5				4c			
the plants at the beginning of the plan year							
,			į į	<u>5a</u>	<u> </u>		
•				<u>5b</u>			
				5c	"		
6					<u></u>		
Ę	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver elicibility.)	an indens	r (see instructions.)		🔀 Yes 🗌 No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use 8	and cond	itions.)(IQP	'A)			
P	if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information	orm 5500	SF and must instead use Form 550	л П	XYes No		
7				<u>. </u>			
′.	Plan Assets and Llabilities	900 1000 1007 - 2001	(a) Beginning of Year	T			
a	Total plan assets	. 7a	375876	 	(b) End of Year		
Þ	Total plan liabilities	7b	3/38/6	 	38331,9		
_ <u>c</u>			<u> </u>	ļ			
8	Income, Expenses, and Transfers for this Plan Year	7c	375876		383319		
a	Contributions received or receivable from:	 	(a) Amount	1	(b) Total		
	(1) Employers	8a(1)		. 46			
	(2) Participants		4116	l.	and the second s		
	(3) Others (including rollovers)	8a(2)		ાં હ	[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		
b	Other income (loss)	8a(3)	o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 (14) (14) (14) (14) (14) (14) (14) (1		
C	Other income (loss)	<u>8b</u>	3327		and the control of th		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢					
	- Periodica Helia (Niciaalia) attect tollowers and jet commerce and		<u> </u>	. 201	7443		
е	to provide benefits).	8d	o	a i	A STATE OF THE STA		
f	Certain deemed and/or corrective distributions (see instructions)	0	:				
	Administrative service providers (salaries, fees, commissions)	8f		Opineiskup Natio	The state of the s		
8	Other expenses	8g	0		1970 (1970) 1970 (
**	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 5 %	Section (1995) Sectio		
•	rvet income (loss) (subtract line 8h from line 8c)	81	NI III		0		
,	readsters to (ribrii) the plan (see instructions)		Sealer Af		7443		
or P	sperwork Reduction Act Notice and OMB Control Numbers, see the instruction	Bj	O	endist. Frank	1. (Apr. 116.) (Ap		
	·	o ror Form i	00UU-SF.	_	the second of th		

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Form 5500-SF 2010	··· - ·	Page 2 -

	The Change of th						
	If IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 3D						
ь	If the plan provides welfare benefits, enter the applicable welfare. Peature codes from the List of Plan Char	racteris	stic Co	odes i	n the ins	Structions:	
Part		-					
10 a	During the plan year:	_	Yes	No	\top	Amo	
q	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1	<u> </u>	x	 	7010	4110
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		-	<u> </u>		
C	Was the plan covered by a fidelity bond?	10b	x	Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud		_	x	+-		_
е	insurance service or other programation to any prokers, agents, or other persons by an insurance carrier.	10d					
	instructions.)	10e		Х_	┦		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		X			
- #	" " " " " " " " " " " " " " " " " " "	10g	_	_x			-
Ī	If 10h was answered "Yes." Check the boy If you although the same and	10h		x	Timber andre	(1) e 20, 2) (1) (1) e 20, 2) (2) (1) e 20, 2) (2)	100 1
	5 to notes applied under 29 CFR 2520,101-3	10i				of the second	(99 ,1,18
	VI Pension Funding Compliance					- Kulturia .	
	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp is this a defined contribution plan subject to the minimum funding requirements.	nlete S	chedi	do SD	2 (6		
12 (() a () g () ()	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form Eson).	or sect tions, a h	tion 30 and en	DŽ of E	ERI\$A?	[] Y	es rul
12 () a if yo b E c E d S ne e W	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct the minimum required contribution for this plan year. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount). If the minimum funding amount reported on line 12d be met by the funding deadline?	or secitions, a	and en	Die of E	ERI\$A?	[] Y	es
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