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).

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Complete all er	tries in acco	rdance wit	h the instructions to the Form 550	0-SF.	-					
	rt I Annual Report Identification Info										
For	calendar plan year 2010 or fiscal plan year beginning	10/01/201	10	and ending)9/30/2	2011					
Α.	This return/report is for:	an	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 mo	nths)						
C	Check box if filing under: Form 5558		automatio	extension		DFVC program					
	special extension (enter descripti	on)								
Pa	rt II Basic Plan Information—enter all re	quested inforn	nation								
1a	Name of plan				1b	Three-digit					
MAR	CHI'S RESTAURANT, INC. AMENDED RETIREMEN	IT PLAN				plan number 001					
					10	(PN)					
					10	Effective date of plan 08/15/1970					
2a	Plan sponsor's name and address (employer, if for s	ingle-employe	r plan)		2b	Employer Identification Number					
	CHIS RESTAURANT, INC.	3 1 - 7 -	1 - 7			(EIN) 13-5581350					
251 F	AST 31ST STREET	2c	Plan sponsor's telephone number 212-679-2494								
	YORK, NY 10016				2d	Business code (see instructions)					
						722110					
3a	Plan administrator's name and address (if same as FCHIS RESTAURANT, INC.	Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN 13-5581350					
IVIZALA	SHIO REGIAORANI, INC.	NEW YORK			30	Administrator's telephone number					
					30	212-679-2494					
	the name and/or EIN of the plan sponsor has chang			port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN										
5a	Total number of participants at the beginning of the plan year										
b		ber of participants at the end of the plan year									
С		h account balances as of the end of the plan year (defined benefit plans do not									
	complete this item)			•	-						
	Were all of the plan's assets during the plan year in	J		'		Yes No					
b	Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on w	and report of	an indeper	ndent qualified public accountant (IQ	PA)	X Yes ☐ No					
	If you answered "No" to either 6a or 6b, the plan										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	130509	9	85749					
b	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)		7с	130509	9	85749					
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total					
а	Contributions received or receivable from:										
	(1) Employers				-						
	(2) Participants		•		\dashv						
h	(3) Others (including rollovers)		, ,	15129	9						
b	Other income (loss)			1012.		15129					
Ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c			10123					
d	Benefits paid (including direct rollovers and insurance to provide benefits)		8d	5988	9						
е	Certain deemed and/or corrective distributions (see										
f	Administrative service providers (salaries, fees, com	missions)	8f								
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			59889					
i	Net income (loss) (subtract line 8h from line 8c)		8i			-44760					
i	Transfers to (from) the plan (see instructions)		8i								

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	_ist of Plan Charad	cteris	tic Cod	des in t	he instruct	tions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				250000
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?		•	10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e plan? (See	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See		9 CFR	10h					
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements							X Yes	s No
12		his a defined contribution plan subject to the minimum funding requ							Yes	s X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а		waiver of the minimum funding standard for a prior year is being a								
lf v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MI			''—		Day _		rear	
		er the minimum required contribution for this plan year		•		Г	12b			
С	Ent	er the amount contributed by the employer to the plan for this plan	year			[12c			
	Sul	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a mini	us sign to the left o	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets	•							
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or anv prior vea	r?					X Yes	s No
		es," enter the amount of any plan assets that reverted to the empl					13a			0
b	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		Yes	s X No
С		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e pla	n(s) to			_	_
1:	3c(1) Name of plan(s):				130	(2) Ell	N(s)	13c(3) PN(s)
Cauti	on.	A penalty for the late or incomplete filing of this return/report	will he assessed i	ınless reasonable	9 C3I	isa is	ostahli	ishad		
Unde SB or	r pe Scl	nalties of perjury and other penalties set forth in the instructions, I can be set with a set with the completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	rn/rep	oort, in	cluding	g, if applica	,	
SICA	F	iled with authorized/valid electronic signature.	04/25/2012	ROBERT MARCH	II					
SIGN	Т	Signature of plan administrator	Date	Enter name of inc	dividı	ıal sin	ning as	plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								an attachi		to Form	5500 or	5500			00/00/0	011				
Fo	cale	ndar p	an year 20	10 o	r fiscal plan	year	r beginning	10/01/2010)				and en	ding	09/30/2	011				
•	Roui	nd off	amounts t	o ne	arest dollar	•														
•	Caut	ion: A	penalty of	\$1,0	00 will be as	ses	sed for late filing	of this repo	ort unl	less reaso	nable ca	ause i	s establish	hed.						
		of pla		, IN	C. AMENDE	D R	ETIREMENT PL	AN				В	Three-d plan nur	•	(PN)	•		00	1	
															(* * * *)		I.			
C	Plan 9	snonso	r's name a	s shr	own on line '	2a n	f Form 5500 or 5	500-SF				D	Employe	r Ider	ntification	Nun	nher (F	=INI)		
			TAURANT			Lu O	11 01111 0000 01 0	000 01					-5581350		imodilori	14411	1) 1001	-11 4)		
E	Гуре (of plan:	X Single		Multiple-A		Multiple-B	F	F Prid	ior year pla	ın size:	100	or fewer		101-500		More th	nan 500		
P	art I	В	asic Info	rma	ation															
1			valuation d			Mor	nth 10	Day01		Year 2	010									
2		sets:	valuation a	ato.		11101	101	Duy		_ 1001 _		_								
_			. (20				130	509
	a										•••••			_	2a					
	b	Actu	arial value.												2b				130	509
3	Fur	nding t	arget/partic	ipan	t count brea	kdov	wn		_		(1) N	lumbe	er of partic	cipan	ts		(2) F	unding ⁻	Target	
	а	For i	etired parti	cipar	nts and bene	eficia	aries receiving pa	ayment		3a										
	b	For t	erminated ¹	veste	ed participar	nts				3b					2				5	649
	С	For a	active partic	ipan	ts:															
		(1)	Non-veste	d bei	nefits				Г	3c(1)										0
		(2)							-	3c(2)									95	126
		` '							_	3c(3)					3				95	126
	a	` '								3d					5				100	
	d											\Box							100	
4	If tr	ne plar	is at-risk,	chec	k the box an	id co	omplete items (a)	and (b)	•••••			∐		_						
	а	Fund	ing target o	lisre	garding pres	crib	ed at-risk assum _l	ptions							4a					
	b						mptions, but disr e years and disre								4b					
5	Effe	ective i	nterest rate	·											5				6.13	%
6	Tar	get no	rmal cost												6					0
Sta	teme	nt by I	Enrolled A	ctua	ry									•						
	accord	ance wit	n applicable lav	v and	regulations. In r	ny opi	this schedule and acco inion, each other assu ence under the plan.													
	SIGN IER															04	1/24/20	012		
					Sign	atur	e of actuary					_				Г	Date			_
EDV	VARE) A. EC	HEVERRI	4			o or doldary					_					1-045	19		
DAN	IZIGE	ER & M	IARKHOFF	LLP		rint	name of actuary							N	Nost rece		rollme -948-1		er	
						Firm	n name		-				7	ГеІер	hone nur	mber	(inclu	ding area	a code)	_
		I STRI LAINS	EET , NY 10601															-		
					Ad	dres	s of the firm					_								
	actu		s not fully r	eflec	ted any reg	ulatio	on or ruling prom	ulgated und	der th	ne statute	in compl	eting	this sched	dule, d	check the	e box	and s	see		

Page	2-	1

Schedule SB (Form 5500) 2010

Pa	art II	Begir	ning of year	carryove	er and prefunding b	alances						
							(a)	Carryover balance		(b) F	Prefundi	ng balance
7		-	•		•			4	14430			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from p	rior year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)				2	14430			0
10	Interest	on item	9 using prior year	's actual re	eturn of9.10 %				4043			0
11												
	a Exce	ess conti	ributions (Item 38	from prior	year)							0
												0
												0
	_			•								0
12				_					0			0
									18473			0
		T -				,			<u> </u>			
14	Fundina		<u> </u>								14	81.40 %
15											15	129.50 %
Carryover balance Carryover Carryove		132.63 %										
Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) 44430		%										
					·		<u> </u>			Į.		
				•	<u> </u>	mnlovees:						
							Date	(b) Amount pa	id by	(0	:) Amou	nt paid by
(N	IM-DD-Y	(YY)	employer	(s)	employees	(MM-DE)-YYYY)	employer(s	s)		empl	oyees
						Totals ▶	18(b)			18(c)		
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan wit	h a valuation	date after t	he beginning of the	year:			
	a Contri	ibutions	allocated toward	unpaid min	imum required contribution	n from prior y	ears		19a			
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for curren	t year adjusted	d to valuatio	n date	19c			
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	3:							
	a Did th	e plan h	nave a "funding sh	ortfall" for t	the prior year?							Yes X No
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current ye	ear made in a	timely mar	nner?				Yes No
	c If 20a	is "Yes,	" see instructions	and compl	ete the following table as	applicable:						
				1		end of Quarto						
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1
]								

	<u>, </u>						
Pa	rt V Assumptio	ns used to determine	funding target and ta	arget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 3.61 %	2nd segment: 6.20 %		3rd segment: 6.53 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	rescribed - combined	Pres	cribed - separate	Substitu	ite
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed a	·		•		_ _
25	Has a method change	e been made for the current	plan year? If "Yes," see inst	ructions	egarding required attac	hment	Yes 🖺 No
26	Is the plan required to	provide a Schedule of Activ	re Participants? If "Yes," see	e instruct	ons regarding required	attachmen	tY Yes No
27	, ,	or (and is using) alternative f				27	
Pa	rt VII Reconcilia	ation of unpaid minim	num required contribu	utions	for prior years		
28	Unpaid minimum requ	uired contribution for all prior	years			28	
29		contributions allocated towa	· ·			29	
30	Remaining amount of	f unpaid minimum required c	ontributions (item 28 minus i	item 29).		30	
Pa	rt VIII Minimum	required contribution	for current vear				
31		idjusted, if applicable (see in:				31	0
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment
	a Net shortfall amorti	tization installment					
	b Waiver amortization	on installment					
33		approved for this plan year, e				33	
34	• .	ment before reflecting carryo				34	0
			Carryover balance	Э	Prefunding balar	nce	Total balance
35	Balances used to offs	set funding requirement					
36	Additional cash requir	rement (item 34 minus item 3	35)			36	0
37		ed toward minimum required	•	•		37	
38		ess contributions for current				38	0
39	Unpaid minimum requ	uired contribution for current	year (excess, if any, of item	36 over	tem 37)	39	0
40	Unpaid minimum requ	uired contribution for all year	S			40	0

MARCHI'S RESTAURANT, INC. AMENDED RETIREMENT PLAN

DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data Plan Year: 10/1/2010 to 9/30/2011 Valuation Date: 10/1/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	1	0	0	0	1
20-24	0	0	0	0	0	0	0	0	1	0	0	1
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	1	0	1
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	1	1	1	0	3

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 62.0 Average Service: 24

MARCHI'S RESTAURANT, INC. AMENDED RETIREMENT PLAN DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 10/1/2010 to 9/30/2011 Valuation Date: 10/1/2010

	For PPA Funding	For 417(e)	For Actuarial Equiv.
Interest Rates	Segment 1 3.61%	Segment 1 2.61%	Pre-Retirement 5.00%
	Segment 2 6.20%	Segment 2 4.41%	Post-Retirement 5.00%
	Segment 3 6.53%	Segment 3 5.05%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age Earlier of 62 and 37 years of service or 65 and 5 years of participation	Normal retirement age Earlier of 62 and 37 years of service or 65 and 5 years of participation	Normal retirement age Earlier of 62 and 37 years of service or 65 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2007-67	1983 TABLE A FEMALE MORTALITY
Assumed Benefit Form	For Funding	Normal Form	
Calculated Effective Int	erest Rate	6.13%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2010

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

				an attac	hment to Form	5500 or	5500-SF.			
For calenda	ar plan year 2010	or fiscal plan	ear beginning 1	10/01/201	0	· -	and en	ding 09/3	0/2011	<u> </u>
Round	off amounts to	nearest dollar					-	<u></u>		
Caution	: A penalty of \$	1,000 will be as	sessed for late filing o	of this rep	ort unless reas	опаые са	use is establis	ned.		
A Name of MARCHI'S		INC. AMENDE	D RETIREMENT PLA	AN			B Three-d plan nui	igit nber (PN)	b	001
					_					
	nsor's name as : RESTAURANT, I		a of Form 5500 or 55	500-SF			D Employer 13-5581350		ion Number	(EIN)
E Type of p	lan: X Single	Multiple-A	Multiple-B	$\overline{\prod}$	F Prioryearpl	an size: 🎗	100 or fewer	101-50	00 More	than 500
Part I	Basic Inform	nation						<u></u>		<u>.</u>
1 Enter t			Month 10	Day 01	1 Year	2010				
		·		<u></u>	1041	2010		$\overline{}$	··· · · · · · · · · · · · · · · · · ·	
ам	arket value							22		130500
_								-		
				ment	Зэ	(1) N	umber of partic	ipanis	(2)	Funding Larget
				•	<u> </u>			2		
										
					3c(1)			ŀ		<u>``</u>
	•							}		
•							<u> </u>	. 3		
	,				<u> </u>					
										100773
							_			 .
_								4a		
a1	t-risk for fewer th	an five consecu	tive years and disreg	garding lo	ading factor	*********				
								_		
						<u></u>		6		
To the best accordance	of my knowledge, the with applicable law a	information supplier nd regulations. In my	/ opinion, each other assum;	npanying sch ption is reas	hedules, statements onable (taking into a	and attachme ecount the ex	ants, if any, is compl geneance of the plan	ete and accus and reasonal	ate. Each prescrible expectations)	bed assumption was applied in and such other assumptions, in
SIGN HERE	EDW	MU A.	echevern	14	God	_		4/i	24/w	17
		Signa						1	Date	
EDWARD A.	ECHEVERRIA								11-045	19
		Туре ог рг	int name of actuary		-			Most re	cent enrollme	ent number
Part Basic Information 1 Enter the valuation date: Month 10 Day 01 Year 2010										
		F	irm name					elephone n	umber (inclu	ding area code)
123 MAIN ST	REET WHITE!	PLAINS NY 106	601							
	-	Addı	ess of the firm		<u></u>					
If the actuary	has not fully refl	ected any regul	ation or ruling promul	lgated und	der the statute i	n complet	ting this schedu	ife, check t	he box and s	see \square

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Pa	ert II	Begir	ning of year	саггуоч	er and prefunding ba	lances						-	
							(a)	Carryover balance		(b)	Prefundi	ng balance	
7					cable adjustments (Item 13			44	4430			D	
8	Portion (ised to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0	
9									0				
10									0				
11													
	a Excess contributions (Item 38 from prior year)									0			
	b Intere	est on (a	a) using prior year	's effective	rate of6.63_%							0	
	C Total	availabl	e at beginning of c	urrent plan	year to add to prefunding bala	ance						0	
	d Porti	on of (c)	to be added to p	refunding b	palance	,						0	
12					emed elections				0			0	
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)		48	3473			0	
	art III		ding percenta		·								
		•								—	14	81.40 %	
					ge						15	129.50 %	
	Prior yea	er's fund	ing percentage fo	r purposes	of determining whether car	ryover/prefu	ınding bala	inces may be used to	reduce		16	132.63 %	
17					s less than 70 percent of the						17	%	
						o randing tal	igot, critor	outer percentage			'' ,	/0	
	art IV		tributions an			-1							
10	(a) Date		(b) Amount p		ear by employer(s) and emp (c) Amount paid by	a) [)ate	(b) Amount paid	1 hv	1 1	c) Amou	nt naid by	
(M	M-DD-YY		employer		employees	(MM-DD		employer(s)		(c) Amount paid by employees			
											_		
					i Line service	Totals ►	18(b)			18(c)			
19	Discount	ed emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	the beginning of the y	/ear:				
	a Contri	butions	allocated toward	unpaid min	imum required contribution	from prior ye	ears		19a				
	b Contributions made to avoid restrictions adjusted to valuation date												
	C Contrib	outions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	l to valuatio	n date	19ċ				
20	Quarterly	contrib	utions and liquidit	y shortfalls	<u> </u>			<u> </u>					
	a Did th	e plan h	ave a "funding sh	ortfall" for t	the prior year?							Yes X No	
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current yea	ır made in a	timely ma	nner?			<u></u>	Yes 🗍 No	
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap								
		(1) 1-	»+	•	Liquidity shortfall as of er	nd of Quarte					(A) AIL		
		(1) 18	»L		(2) 2nd		(3)	3rd			(4) 4th		

Pa	ert V Assumptio	ns used to determine	funding target and t	arget 1				
21	Discount rate:	<u> </u>			101111111111111111111111111111111111111			
	a Segment rates: 1st segment: 2nd segment: 3.61 % 6.20 %			3rd segment: 6.53 %		N/A, full yield curve used		
	b Applicable month (enter code)						0	
22	Weighted average ret	22	65					
_23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate						te	
Pa	rt VI Miscellane	ous items					<u> </u>	
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							
		e been made for the current p						
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instruct	ions regarding required	attachment	X Yes No	
27	If the plan is eligible for regarding attachment	or (and is using) alternative fu	nding rules, enter applicabl	e code a	and see instructions	27		
Pa	;	ation of unpaid minim					<u></u>	
28	Unpaid minimum requ	uired contribution for all prior y	/ears			28		
29	· · · · · · · · · · · · · · · · · · ·							
30	Remaining amount of							
Pa	et VIII Minimum	required contribution	for current year			<u> </u>		
31		djusted, if applicable (see inst		**********		31		
32	Amortization installme	ents:	<u>-</u> -		Outstanding Bala	ince	Installment	
	a Net shortfall amorti	ization installment	***************************************		\'	1	<u> </u>	
	b Waiver amortizatio	n installment						
33		approved for this plan year, er Day Year	iter the date of the ruling let			33		
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)						0	
	Carryover balance Prefunding ba						Total balance	
35	Balances used to offse	et funding requirement						
36	Additional cash requir	ement (item 34 minus item 35	i)			36	0	
37	Contributions allocate	d toward minimum required o	ontribution for current year	adjusted	to valuation date	37		
38		ess contributions for current ye	-			38	0	
39						39	0	
40	The state of the s						0	
								

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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 10/01/201	0	and ending	9/30/	2011
Α	This return/report is for: X single-employer plan	multiple-c	employer plan (not multiemployer)		Опе-participant 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 mg	nths)	
C	Check box if filing under: Form 5558	,	extension	,	DFVC program
_	special extension (enter description)				
P:	art II Basic Plan Information—enter all requested inform		· · · · · · · · · · · · · · · · · · ·		
	Name of plan	20011		1b	Three-digit
	RCHI'S RESTAURANT, INC. AMENDED RETIREMENT PLAN				plan number
				<u> </u>	(PN) DO1
				1C	Effective date of plan 08/15/1970
	Plan sponsor's name and address (employer, if for single-employer RCHIS RESTAURANT, INC.	plan)		2b	Employer Identification Number (EIN) 13-5581350
				2¢	Plan sponsor's telephone number 212-679-2494
	EAST 31ST STREET V YORK NY 10016			2d	Business code (see instructions)
2-					722110
SAM	Plan administrator's name and address (if same as Plan sponsor, e IE	nter "Same)		Administrator's EIN 13-5581350
				3с	Administrator's telephone number 212-679-2494
	If the name and/or EIN of the plan sponsor has changed since the la: name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan humber from the last return report. Sponso	a s name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	5
þ	Total number of participants at the end of the plan year			5b	3
C	Total number of participants with account balances as of the end of complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligib	•			Yes No
b					— — • • • • • • • • • • • • • • • • • •
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F				Yes No
Pa	rt III Financial Information	onn sagg-	or and must instead use Form 55	ou.	
7	Plan Assets and Liabilities	14 to 3	(a) Beginning of Year	\top	(b) End of Year
а	Total plan assets	7a	130509	,	85749
b	•				
C	Net plan assets (subtract line 7b from line 7a)	7c	130509		85749
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:			[
	(1) Employers	. 8a(1)		4	
	(2) Participants	8a(2)		\dashv	
L	(3) Others (including rollovers)		15129	╗	
b	Other income (loss)		13123	'	15129
ď	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	10120
u		1	59889		
	to provide benefits)	. 8d	35005	<u>'</u>	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	33005		
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f	73005	'	
f g	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8e 8f 8g	23005	' <u>-</u>	£0090
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8e 8f 8g 8h	73005	' 	59889
f g	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8e 8f 8g 8h 8i	73005		59889 -44760

Page 2-1	
raue ∡-≀ı ı	

Part IV	Plan Characteristics	

Form 5500-SF 2010

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

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

) (During the plan years	1	V	NA		-	_	
	During the plan year:		Yes	No		Am	ount	
	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		Х				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	ĺ	x				
C	Was the plan covered by a fidelity bond?	10c	Х					250000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
e '	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		x				
fı	rlas the plan failed to provide any benefit when due under the plan?	10f		Х		·		
g I	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	_	x				
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i i	f 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 V	Pension Funding Compliance		•		•			
1 1	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com i500))		Sched	ule SE	3 (Form		1	
						Þ	Yes	∏ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					_=	Yes	∏ No ⊠ No
2	·					_=	_	
2 (a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or sec	etion 3		ERISA?	[Yes	⊠ No
a (a (u	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the walver. Monitor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec ctions, nth	and e	02 of nter th Day	ERISA?	[Yes	⊠ No
a (a (u	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code 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 instruc granting the waiver	e or sec ctions, nth	and e		ERISA?	[Yes	⊠ No
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Date Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Filing Authorization for the 2010 Form 5500-SF

Name of Plan: Marchi's Restaurant, Inc. Amended Retirement Plan

EIN / PN: <u>13-5581350 / 001</u>

Plan Year Ending: September 30, 2011

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Danziger & Markhoff, LLP to electronically sign and file the above-named return/report through EFAST2, on behalf of the Plan Administrator/Plan Sponsor identified below.

I understand that in granting this authority that:

- I/we must manually sign and date page 2 of the Form 5500-SF and provide a scanned copy of that signature page to Danziger & Markhoff, LLP before the electronic filing can be initiated;
- Danziger & Markhoff, LLP will retain a copy of this written authorization in its records;
- Danziger & Markhoff, LLP will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 2 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Danziger & Markhoff, LLP shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Collect Market Date: 3-30-12
Employer/Plan Sponsor (if not the Plan Administrator): N/A Date:

PART II Acknowledgement of Receipt of Authorization

On behalf of Danziger & Markhoff, LLP, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Danziger & Markhoff, LLP:

The designated service provider must retail this authorization.

_ Date: 3-18-12

Do not submit this form to the DOL unless requested to do so.

MARCHI'S RESTAURANT, INC. AMENDED RETIREMENT PLAN DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 10/1/2010 to 9/30/2011

Plan Effective Date August 15, 1970

Plan Year From October 1 to September 30

Eligibility All employees not excluded by class are eligible to enter on the

October 1 or April 1 coincident with or following the completion of

the following requirements:

1 year of service

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 37 years of service Completion of 5 years of participation Or if earlier, the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 5 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit calculated based on the

assumption that the average salary preceding termination equals the average salary at retirement such fraction being equal to the years to date divided by what the years at retirement would have been had employment continued until retirement, but not taking into account

more than 10 credited years

Accredited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

1

vesting schedule:

Credited Years Vested Percent

0

Attachment to 2010 Schedule SB, Part V - EIN: 13-5581350 PN: 001

MARCHI'S RESTAURANT, INC. AMENDED RETIREMENT PLAN DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 10/1/2010 to 9/30/2011

Credited Years	Vested Percent
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death