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

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	n the instructions to the Form 550	0-SF.	·			
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200)9	and ending 1	2/31/	2009			
Α.	Γhis return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В .	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter descripti	on)						
Pa	rt II Basic Plan Inforr	mation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
YALE	TROUSER CORP. RETIREMI	ENT PLAN & TRUST				plan number (PN) ▶	003		
					10	Effective date of	f nlan		
					10	11/01/1	•		
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Identi	fication Number		
YALE	TROUSER CORP.				-	(EIN) 13-556			
66 R	ANDALL AVENUE				20	Plan sponsor's 516-25		∍r	
	KVILLE CENTRE, NY 11570				2d	Business code)	
						315220			
	Plan administrator's name and TROUSER CORP.	address (if same as Plan sponsor, 6 66 RANDAL			3b Administrator's EIN 13-5560180				
		ROCKVILLE			3с	Administrator's		er	
4 .	(the second of the selection of the sele		-11 1	and Challenth's also retentle	516-255-0700				
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
	, — , , , , , , , , , , , , , , , ,	ор от от			4c	4c PN			
5a Total number of participants at the beginning of the plan year					5a	а			
b	Total number of participants at	the end of the plan year			5b			8	
С		ith account balances as of the end o			50			8	
		Lordon (b. 10 and 10 an			5c		X Yes	No	
				(See instructions.)dent qualified public accountant (IQ			/ Tes [NO	
D				ons.)			X Yes	No	
			orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
-	Total plan assets		7a	543670)		6464	38	
b	Total plan liabilities		7b	()				
C	Net plan assets (subtract line 7	7b from line 7a)	7с	543670)	646438			
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or received (1) Employers	ivable from:	8a(1)						
			` '						
	• • •)	` '						
b	, ,	, 	` '	102948	3				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)					1029	48	
d	Benefits paid (including direct	rollovers and insurance premiums							
е	•	tive distributions (see instructions)							
f	Administrative service provider	rs (salaries, fees, commissions)		180)				
g		,							
h	·	8e, 8f, and 8g)					1	80	
i		e 8h from line 8c)					1027	86	
	Transfers to (from) the plan (se	ee instructions)							

Part IV	Plan	Charac	teristics

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: 2E 2H 3D

D '	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	Clens		163 III I	ine monuc	Juons.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:				Yes	No		Amou	nt	
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)						X				
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c		X				
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
	insu	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of thuctions.)	ne benefits under the	e plan? (See	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	f year end.)		10g		X				
h		s is an individual account plan, was there a blackout period? (Se			10h		X				
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	6 (Form		Yes 2	× No
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?		Yes 2	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
	a 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 letter ruling granting the waiver										
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear_		
		r the minimum required contribution for this plan year		-		[12b				
С	Ente	r the amount contributed by the employer to the plan for this plan	ı year			[12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No		N/A
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?						Yes 2	X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a		,	•	
	Wer	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?					ntrol			Yes 2	X No
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to					
13	13c(1) Name of plan(s):					13c(2) EIN(s)			13	c(3) F	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ise is	establ	ished.			
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.				,		<i>-</i> 11	,		
SIGN	F	led with authorized/valid electronic signature.	10/12/2010	MICHAEL ROSE	NBLO	OM					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividi	ıal sin	ning as	s plan adn	ninistrat	or	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Ø1002 QMB Nos. 1210-0110

1210-0089

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Department of Labor Employee Benefits Security Administration

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2009

This Form is Open to Public Inspection.

 Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation Annual Report Identification Information 12/31/2009 Part I and ending For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 one-participant plan multiple-employer plan (not multiemployer) single-employer plan A This return/report is for: final return/report first return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filling under: special extension (enter description) Basic Plan Information --- enter all requested information. 1b Three-digit Part II plan number 1a Name of plan 003 (PN) ► Yale Trouser Corp. Retirement Plan & Trust 1c Effective date of plan 11/01/1982 2b Employer Identification Number Plan sponsor's name and address (employer, if for single-employer plan) (EIN) 13-5560180 2c Plan sponsor's telephone number Yale Trouser Corp. (516) 255-0700 2d Business code (see instructions) 66 Randall Avenue 31522<u>0</u> US Rockville Centre NY 11570 3b Administrator's EIN Plan administrator's name and address (If same as plan employer, enter "Same") Same 3c Administrator's telephone number 4b EIN 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. Sponsor's Name 4¢ PN 5a 8 5b Total number of perticipants with account balances as of the end of the plan year (defined benefit plans do not complete this Item) x Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) XYes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 646,438 543,670 7a Total plan assets . 7b Total plan liabilities 646,438 543,670 7¢ Net plan assets (subtract line 7b from line 7a) (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(3) (3) Others (including rollovers). . 102,948 8b Other income (loss) 102,948 Bc Total income(add lines 8s(1), 8s(2), 8a(3), and 8b) . . Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits) Certain deemed and/or corrective distributions (see instructions) . 8e 180 8f Administrative service providers (salaries, fees, commissions) 8g Other expenses 180 8h Total expenses (add lines 8d, 8e, 8f, and 8g) . 102,768 8i Net income (loss) (subject line 8h from line 8c) . . .

8j

	OF (0000)	Page 2	2					_
	Form 5500-SF (2009)							
Part I	Plan Characteristics ne plan provides pension benefits, enter the applicable pension feature or	odes from the List of F	Plan Characteris	stic Co	des in th	e instructions:		
a Ift	ne plan provides pension benefits, enter the applicable pension restars so The ST SD	i su stant the of Di	on Characterist	ic Cod	les in the	Instructions:		
b if t	ZE ZH 3D are plan provides welfare benefits, enter the applicable welfare feature con	des from the List of Pi	an Ollaracieris					
Part	Compliance Questions			- Iv	es No		mount	
		time period de	scribed in	7	x			
a h	During the plan year. Was there a fallure to transmit to the plan any participant contribution witt 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co Were there any nonexempt transactions with any party-in-interest? (Do n	in the time period do prection Program) ot include transaction	s reported	10a	×			
	on line 10a.)	• • • •	• • • • •	10b	$\frac{1}{x}$			
C	Was the plan covered by a fidelity bond?	hand that was cause	d by fraud	-	-			
d	Did the plan have a loss, whether or not reimbursed by the plan's lidelity or dishonesty?	DONG, WIEL WES COSE	٠.	10d	- X			
е	Were any fees or commisions paid to any brokers, agents, or other personsurance services or other organization that provides some or all of the	ons by an insurance of benefits under the pla	arner, in? (See	10e	х			
_	instructions.) Has the plan failed to provide any benefit when due under the plan?	• • • •		10f	X			
t	Did the plan have any participant loans? (If "Yes," enter amount as of ye	arend.)		10g	х			
g	Did the plan have any participant loans? (If Pes, one) was there a blackout period? (See in	structions and 29 CF	R	10h	x			
h	0000 401 2 \	• •		1011	_	10/2003		
i	If 10h was answered "Yes," check the box if you either provided the requesceptions to providing the notice applied under 29 CFR 2520.101-3	Theo house of the s.	<u> </u>	10i				
Part	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	/If "Yes " see instruct	ions and compl	ete Sc	hedule S	B (Form		s X No
11	Is this a defined benefit plan subject to minimum funding requirements?	(11 165, 286 1155 366		<u>.</u>	<u></u>	<u> </u>		s X No
12	Is this a defined contribution plan subject to the minimum funding requing (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 am							
а	If a waiver of the minimum funding standard for a prior year is being and granting the walver	oruzed in this plan yo	Mo	nth		Day	Year	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	p to line 13.		1:	2b		
· b	Coter the minimum regulared contribution for this plan year			• •	1:	2c		
C	Enter the amount contributed by the employer to the plan for this plan y	reaff / enter a miñus :	sign to the laft o	fø		2d		0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)				- ا		□No	□N/A
	Will the minimum funding amount reported on line 12d be met by the fu	Inding deadlinet -						
Par	Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year?.			. , <u></u>	<u> </u>	<u> Dy</u>	es X No
	" was " goter the amount of any plan assets that reverted to the empire	yer tria year						
b	Were all the plan assets distributed to participants or beneficiaries, tran	referred to another pl	an, or brought u	 Nuaerr	ile minic)i	· · 🗆	es XNo
C	to the this also was provided to a liabilities were transferred from the	nis plan to another pla	an(s), identify th	e bran			1 43	- (2) ON(a)
	13c(1) Name of plan(s):			-	130	(2) EIN(s)	1.3	c(3) PN(s)
_	100(1)							
Cau	tion: A penalty for the late or incomplete filling of this return/report were penalties of perjury and other penalties set forth in the instructions, I do	vill be assessed unle eclare that I have exa	ess reasonable mined this retur	u/Lebc	e is esta ort, includ	ling, if applica	ble, a Sch	edule and
SB	er penalties of perjury and other penalties set forth in the instructions, I do or Schedule MB completed and signed by an enrolled actuary, as well as if, it is true, correct, and complete.	the electronic version	of this return/r	eport,	and to th	e pest of my l	M A 1	1
2323	of the ell Bloom	10-12-1	OHKI	NO	H)	_pu	111	7-
Falled Self	GN COUNTY OF THE SIGNATURE OF PLAN Administrator	Date	Enter name of	individ	lual signi	ng as plan ad	ministrator	
332	GN							-nonear
125000	ERFO C'	Date	Enter name of	individ	Jual signi	ing as employ	er or plan	aponsor