## 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
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	year return/report (less than 12 mor	nths)		
С	Check box if filing under:	extension		DFVC program		
_		special extension (enter descripti	on)			
Do	rt II   Pacia Blan Infor	mation—enter all requested inform	,			
		mation—enter all requested inform	nation		1h	Three-digit
	Name of plan	MPANY, LLC 401K PROFI SHARIN	G PI AN &	TRUST	מו	plan number
	ORIGINAL TOBE T OF MET OO	WII 71141, 220 401141 1011 10117114114	012/114	TROOT		(PN) ▶ 001
					1c	Effective date of plan
						01/01/2005
	•	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number
THE	ORIGINAL TUBE T-SHIRT CO	MPANY, LLC				(EIN) 82-0563801
185 F	RIDGE ROAD				2C	Plan sponsor's telephone number 845-291-7031
	HEN, NY 10924				2d	Business code (see instructions)
						541400
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
THE	ORIGINAL TUBE T-SHIRT CO	MPANY, LLC 185 RIDGE GOSHEN, N				82-0563801
					3c	Administrator's telephone number 845-291-7031
4 1	f the name and/or FIN of the nis	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4h	EIN
	•	er from the last return/report. Spons		port med for this plant, effect the	40	EIIN
					4c	PN
5a	Total number of participants at	t the beginning of the plan year			5a	3
b	Total number of participants at	t the end of the plan year			5b	2
С	Total number of participants w	rith account balances as of the end o	of the plan y	vear (defined benefit plans do not		
	complete this item)				5c	2
6a	Were all of the plan's assets of	during the plan year invested in eligil	ole assets?	(See instructions.)		Yes   No
b				ndent qualified public accountant (IQI		X Yes ☐ No
				ions.)SF and must instead use Form 55		Tes No
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	<del>00.</del>	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
=	Total plan assets		7a	(a) Beginning of Teal	2	156659
b	. otal pian according				)	0
		7h from line 7a)		136492		156659
<u>C</u>		7b from line 7a)	7с			
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece (1) Employers		8a(1)	2232	2	
	, , , ,		` '	16500	)	
	` '	.)		C	)	
b	, ,		` '	10110	)	
	, ,	8a(2), 8a(3), and 8b)				28842
c d		rollovers and insurance premiums	00			
<u>.</u>			8d	8675	5	
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	(	)	
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)				8675
i		e 8h from line 8c)				20167
i		ee instructions)		(	)	

	Form 5500-	SF 2010 Page <b>2-</b>				
Par	t IV Plan (	Characteristics				
9a	If the plan provid	les pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteris	stic Co	des in t	the instructions:
		les welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cteris	tic Cod	des in th	ne instructions:
Part	V Complia	ince Questions				
10	During the plan	year:		Yes	No	Amount
а		ure to transmit to the plan any participant contributions within the time period described in 3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	•	nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X	
С	Was the plan of	overed by a fidelity bond?	10c	X		2500
d		ve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х	
е	insurance servi	or commissions paid to any brokers, agents, or other persons by an insurance carrier, ce or other organization that provides some or all of the benefits under the plan? (See	10e		X	
f	Has the plan fa	led to provide any benefit when due under the plan?	10f		X	
g	Did the plan ha	ve any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h		vidual account plan, was there a blackout period? (See instructions and 29 CFR	10h		Х	
i		vered "Yes," check the box if you either provided the required notice or one of the roviding the notice applied under 29 CFR 2520.101-3	10i			
art	VI Pension	Funding Compliance				
11		benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				
12		d contribution plan subject to the minimum funding requirements of section 412 of the Code ete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	302 of E	ERISA? Yes 🖺 No
а	If a waiver of the	e minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions	and e	nter the	e date of the letter ruling

С	<b>c</b> Enter the amount contributed by the employer to the plan for this plan year						
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A	
Part VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?					s X N	5

If "Yes," enter the amount of any plan assets that reverted to the employer this year...... b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If 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.....

Dav

Yes X No

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)

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.	06/28/2011	ELLEN COHEN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	'art I   Annual Report Identi	fication Information				
Fo	r calendar plan year 2010 or fiscal pla	n year beginning	01/01/2	C10 and ending		12/31/2010
Α	This return/report is for:	igle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	st return/report	final retur	n/report		
	·	amended return/report	☐ short plar	n year return/report (less than 12 mon	iths)	
_		rm 5558		•	1010)	DFVC program
C	onesk box ii iiiiig anaci.		L.J	extension		DF VC program
		ecial extension (enter descrip				
		on—enter all requested infor	mation			
1a	Name of plan	int Communities	40111 D	. e:	1b	Three-digit
	The Original Tube T-Sh	irt Company, LLC	401K Pr	CII		plan number (PN) • 001
	Sharing Plan & Trust			-	10	Effective date of plan
					10	01/01/2005
2a	Plan sponsor's name and address (e The Original Tube T-Sh	employer, if for single-employ	er plan)		2b	Employer Identification Number
	The Original Tube T-Sh LLC	nirt Company, i i				(EIN) 82-0563801
	217 17				2c	Plan sponsor's telephone number
	185 Ridge Road			-	2-1	(845) 291-7031
	Goshen			NY 10924	2a	Business code (see instructions) 541400
3a	Plan administrator's name and addre	ess (if same as Plan sponsor.	enter "Same		3b	Administrator's EIN
	Saffic	(				
					3с	Administrator's telephone number
_	If the control of the	and the second s	11 1 1	161 16 11: 1	41	
4	If the name and/or EIN of the plan sponame, EIN, and the plan number from			port filed for this plan, enter the	4b	EIN
	The man and the plant hamber here	Tara last rotarim opera. Opera	oor o marrio		4c	PN
5a	Total number of participants at the b	eginning of the plan year		,	5a	
b	Total number of participants at the e	nd of the plan year			5b	
С				-		
	complete this item)			· · · · · · · · · · · · · · · · · · ·	5c	
6a	Were all of the plan's assets during	the plan year invested in elig	jible assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the an					X Yes ☐ No
	•	•	•	ons.) SF and must instead use Form 550		X Yes No
D.	art III Financial Information		FUIII 5500-	SF and must instead use Form 550		· ·
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		7a	136, 492	2	156, 659
	'			150,152	<u> </u>	150,05
d a	'			126 400	<u> </u>	156,659
<u>C</u>	`		7c	136,492	-	
8	Income, Expenses, and Transfers for			(a) Amount	+	(b) Total
а	Contributions received or receivable  (1) Employers		8a(1)	2,232	2	
	(2) Participants			16,500		
	(3) Others (including rollovers)			. (		
b			, , ,	10,110		
C				10,110		28,842
d		, ,,,			+	,
u	to provide benefits)	-	8d	8,675	5	
е				(		
f	Administrative service providers (sal	laries, fees, commissions)	8f		0	
g					0	
h	•				1	0 671
	Total expenses (add lines od, de, di	, and 8g)	8h			8,675
i	•					
i i	Net income (loss) (subtract line 8h fi Transfers to (from) the plan (see ins	rom line 8c)	8i	(	0	20,16

Form	5500	SF	2010

Signature of employer/plan sponsor

Page 2-	
Page Z-	

Par	t IV	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension featu	ire codes from the	List of Plan Char	acteri	stic Co	des in	the instructi	ons:	
b	If th	2E 2J 2K 3B 2G 2R 3D e plan provides welfare benefits, enter the applicable welfare featur	ra cadas from the	List of Dlan Chars	atorio	tio Co	dos in t	ho instructio	vne:	
b	71 (11	plan provides wellate benefits, effect the applicable wellate feature	re codes from the f	LIST OF FIAIT CHAF	iciens	aic Co	ies iii i	ne mstructio	Л15.	
Part	V	Compliance Questions		711.71						
10	Dui	ing the plan year:				Yes	No	<i>F</i>	mount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		Х			
С	Wa	as the plan covered by a fidelity bond?			10c	Х				25 <b>,</b> 000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		Х			
е	ins	re any fees or commissions paid to any brokers, agents, or other pearance service or other organization that provides some or all of the ructions.)	benefits under the	e plan? (See	10e		Х			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)	****************	10g		Х			
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	9 CFR	10g		Х			
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	quired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements?	,					•	Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requ	irements of section	n 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	X No
	•	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 am nting the waiver.	nortized in this plar	n year, see instruc	ctions,	and e	nter th	e date of the	e letter ru Vear	ling
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day_			
		er the minimum required contribution for this plan year				[	12b			· · · · · · · · · · · · · · · · · · ·
		er the amount contributed by the employer to the plan for this plan y					12c			
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a mini	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	inding 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 year	ar or any prior yea	r?					Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
b	We	e all the plan assets distributed to participants or beneficiaries, tran ne PBGC?	sferred to another	plan, or brought			ntrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify tl	ne pla	n(s) to			I	
1	3c(1	) Name of plan(s):				130	(2) EII	<u>1(s)</u>	13c(3	) PN(s)
					_					
Cauti	ion:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	unless reasonab	le cau	ıse is	establi	shed.		
SB or	r Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e the electronic vers	examined this return/	urn/re¦ report	port, in t, and t	cluding to the b	ı, if applicab est of my kr	le, a Sch nowledge	edule and
			0-15-11	Ellon Cohe	n					
SIGN	- [		Date	Enter name of ir		ual sign	ning as	plan admin	istrator	
6101										
SIGN	- 1	Signature of employer/plan sponsor	Date	Enter name of ir	ndivid:	ual sigi	ning as	employer c	r plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor