Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

▶ 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

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description	on)			_
Pa	Int II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
YOU	NG LION INCORPORATED 401(K) PLAN				plan number 001
				10	(PN) Figure (PN) F
				10	01/01/2010
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
YOU	NG LION INCORPORATED			20	(EIN) 20-2955216
	ORTH 3RD STREET, #312			20	Plan sponsor's telephone number 917-860-4747
BRO	OKLYN, NY 11211			2d	Business code (see instructions)
2-	Di	. "0	m)	26	454110
YOU	Plan administrator's name and address (if same as Plan sponsor, e NG LION INCORPORATED 63 NORTH 3	nter "Same RD STREI	5") ET, #312	30	Administrator's EIN 20-2955216
	BROOKLYN	, NY 11211		3с	Administrator's telephone number 917-860-4747
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso		F,	_	
	T. I				PN
	Total number of participants at the beginning of the plan year			5a	2
b	Total number of participants at the end of the plan year		5b	<u>'</u>	
	Total number of participants with account balances as of the end o complete this item)	. ,		5c	1
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•		Yes No
Pa	rt III Financial Information	<u> </u>	or and must mistead use i orm so	.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	, , ,)	3537
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	7c)	3537
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				
		0-/4)			
	(1) Employers	8a(1)	358	7	
	(2) Participants	8a(2)	3583	7	
h	(2) Participants	8a(2) 8a(3)			
b	(2) Participants	8a(2) 8a(3) 8b		7	3587
b c d	(2) Participants	8a(2) 8a(3)			3587
C	(2) Participants	8a(2) 8a(3) 8b			3587
C	(2) Participants	8a(2) 8a(3) 8b 8c			3587
c d	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e)	3587
c d e	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f)	
c d e f	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f)	50
c d e f g	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h)	

Fo	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the L	ist of Plan Characteris	tic Cod	les in t	he instru	ctions	:	
art	rt V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time per 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transa on line 10a.)			X				
С	C Was the plan covered by a fidelity bond?	10c		X				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurar insurance service or other organization that provides some or all of the benefits under the instructions.)	plan? (See		Χ				
f	f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)	CFR		Χ				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3							
art	rt VI Pension Funding Compliance	•						
1							Yes	П No
2							Yes	X No
а	(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 granting the waiver.							
lf y	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.	_					
b	b Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minu negative amount)	-		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	rt VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year	?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		•	-	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?		•	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify the pla	n(s) to					
1	13c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
aut	ution: A penalty for the late or incomplete filing of this return/report will be assessed u	ınless reasonable cau	ıse is	establ	ished.			
Inde B o	der penalties of perjury and other penalties set forth in the instructions, I declare that I have e or Schedule MB completed and signed by an enrolled actuary, as well as the electronic vers ief, it is true, correct, and complete.	examined this return/rep	ort, in	cludin	g, if appli			
J.101		ALAN WEISSMAN						

SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

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

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

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

	art I			tification Information									
For	calenda	ar plan year 2010 or fis	cal p	lan year beginning	01/01	L/2010		and ending		12/31/2010			
Α	This ret	urn/report is for:	Χs	single-employer plan	multip	e-employe	r plan (not n	nultiemployer)		one-participant	plan		
		urn/report is for:	х f	irst return/report	final re	eturn/report				ш			
_	11113 160	um/report is ior.	H	an amended return/report		•		(less than 12 mo	ntha)				
_			브	' L	╡ '	,	•	(less than 12 mo	111115)	П			
C	Check b	oox if filing under:	H	Form 5558		atic extens	on			DFVC program			
			ш	special extension (enter descrip	,								
Pa	art II	Basic Plan Info	rma	tion—enter all requested infor	mation								
1a	Name	of plan							1b	Three-digit			
	Youn	g Lion Incorpo	ora	ted 401(k) Plan						plan number	0.01		
									4 -	(PN) •	001		
									10	Effective date of pl	an		
22	Dlon or	annor's name and add	droop	(ampleyer if for single ampleyer	or plan)				2h	Employer Identifica	ation Number		
Za	Youn	g Lion Incorp	ora	(employer, if for single-employeted	ei piaii)				20	(EIN) 20-29552			
									2c	Plan sponsor's tele			
	63 N	forth 3rd Stre	et,	#312						917-860-474	.7		
	Broo	klvn	1	NY 11211					2d	Business code (se	e instructions)		
20						"\			2h	454110 Administrator's EIN			
Ja	Youn	g Lion Incorp	ora	dress (if same as Plan sponsor, ted	enter Sa	arrie)			30	20-2955216	N		
	63 N	orth 3rd Stre	et.	#312					3c	Administrator's tele	ephone number		
	Broo	klyn		NY 11211						917-860-474			
				ponsor has changed since the l		•	d for this pla	in, enter the	4b	EIN			
	name, E	in, and the plan numb	oer m	om the last return/report. Spons	sor's nam	ie			4c	PN			
5a	Total r	number of participants	at the	beginning of the plan year					5a				
				e end of the plan year					5b				
С	Total r	number of participants	with a	account balances as of the end	of the pla	ın year (def	ined benefi	t plans do not					
					•	•		•	5c		1		
6a	Were	all of the plan's assets	durir	ng the plan year invested in elig	ible asse	ts? (See in:	structions.)				X Yes No		
b				nnual examination and report of							X Yes No		
			•	e instructions on waiver eligibility 6a or 6b, the plan cannot use							Zi res [] No		
Pa	rt III	Financial Inform			1 01111 33	00-31 and	must mste	au use i oiiii ss					
7		Assets and Liabilities		···			(a) Paginn	ing of Year		(b) End of	Voor		
					70		(a) beginn	illig Oi Teal	0	(b) Elia oi	3537		
	•	olan liabilities			7a 7b						3337		
-	. 0 . 0 .			E					0		3537		
_		,		rom line 7a)	7с				U				
8		e, Expenses, and Tran					(a) An	nount		(b) Tot	al		
а		butions received or rec		oie irom:	8a(1	,							
	` ,	. ,						358	37				
		•			,								
b		-				<i>'</i>			0				
С		` ,		2), 8a(3), and 8b)							3587		
d		, , ,		overs and insurance premiums									
		1 \			8d								
е	Certair	n deemed and/or corre	ctive	distributions (see instructions).	8e								
f	Admin	istrative service provid	ers (s	salaries, fees, commissions)	8f								
g	Other	expenses			8g			5	0				
h	Total e	expenses (add lines 8d	l, 8e,	8f, and 8g)							50		
i				from line 8c)							3537		
j		` , `		nstructions)									
				IR Control Numbers, see the instrue							rm 5500 SE (2010)		

Form	5500	CE	2010	١

SIGN

Signature of employer/plan sponsor

		3
D		1
Page 2	- 1	1

Enter name of individual signing as employer or plan sponsor

Par	rt IV	Plan Characteristics									
9a		plan provides pension benefits, enter the applicable pension $2 \text{J} - 2 \text{K} - 3 \text{D}$	sion feat	ture codes from the	List of Plan Chara	acteris	stic Co	des in	the instructi	ons:	3
b	If the	plan provides welfare benefits, enter the applicable welfa	are feat	ure codes from the	List of Plan Chara	cteris	tic Cod	des in t	he instruction	ons:	
Parl	t V	Compliance Questions									
10		ng the plan year:		en elektrika in die av en der en en elektrika en			Yes	No	ı	mount	
a	Was	there a failure to transmit to the plan any participant conf CFR 2510.3-102? (See instructions and DOL's Voluntary		•		10a		х			
b		e there any nonexempt transactions with any party-in-intene 10a.)				10b		х			A Annari sa mu ng pamanina da
C	Wa	s the plan covered by a fidelity bond?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************	10c		х			
d		the plan have a loss, whether or not reimbursed by the plants				10d		х	and the second s		
е	Wer	e any fees or commissions paid to any brokers, agents, o rance service or other organization that provides some or uctions.)	or other p	persons by an insur	ance carrier, e plan? (See	10e		х		,	***************************************
f	Has	the plan failed to provide any benefit when due under the	e plan? .			10f		Х			
q	Did	the plan have any participant loans? (If "Yes," enter amou	unt as of	vear end.)	s.	10g		х			
h	If thi	s is an individual account plan, was there a blackout perio	iod? (See	e instructions and 2	9 CFR	10h		х		-	
i	If 10	h was answered "Yes," check the box if you either providentions to providing the notice applied under 29 CFR 2520	ded the re	equired notice or or	e of the	10i					
art	VI	Pension Funding Compliance									
11	Is th	s a defined benefit plan subject to minimum funding requi								Yes	∏ No
12		is a defined contribution plan subject to the minimum fund								Yes	X No
a	Ifav	es," complete 12a or 12b, 12c, 12d, and 12e below, as a valver of the minimum funding standard for a prior year is ting the waiver.	s being a	mortized in this pla							
If		ompleted line 12a, complete lines 3, 9, and 10 of Sche									
b	Ente	r the minimum required contribution for this plan year						12b			
C	Ente	r the amount contributed by the employer to the plan for t	this plan	year				12c			
đ		ract the amount in line 12c from the amount in line 12b. E tive amount)						12d			
е	Will	he minimum funding amount reported on line 12d be met	t by the f	funding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Asse	ets								
3a	Has	a resolution to terminate the plan been adopted during the	ne plan y	ear or any prior yea	r?					Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to t	the empl	loyer this year				13a			
b	Wer	e all the plan assets distributed to participants or beneficial e PBGC?	aries, tra	insferred to another	plan, or brought i			ntrol		Yes	X No
С		ring this plan year, any assets or liabilities were transferre h assets or liabilities were transferred. (See instructions.)		this plan to another	plan(s), identify the	ne pla	n(s) to				
	13c(1)	Name of plan(s):					130	(2) EII	N(s)	13c(3	PN(s)
					design of the second second						
Carri	tion:	penalty for the late or incomplete filing of this return	n/renor	will be accessed	inless research	le car	se ie	establi	ished	1	
Unde SB o	er pen	alties of perjury and other penalties set forth in the instruc- edule MB completed and signed by an enrolled actuary, a true, correct, and complete.	ctions. I	declare that I have	examined this retu	ırn/rer	ort. in	cluding	a, if applicat	ole, a Sch nowledge	edule and
SIG	N			10-14-11	Alan Weiss	man					
HER	_ /	Signature of plan administrator		Date	Enter name of ir	ndividu	ıal sigi	ning as	plan admin	istrator	

Date