Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [X] special extension (enter description) HURRICANE IRENE

Part II Basic Plan Information—enter all requested information

1a Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BLONDIES TREEHOUSE, INC.

431 FAYETTE AVENUE
MAMARONECK, NY 10543-2211

2b Employer Identification Number (EIN)
13-3029041

2c Sponsor's telephone number
914-777-6300

2d Business code (see instructions)
111400

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/27/2011	HOWARD FREILICH
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BLONDIES TREEHOUSE, INC.

431 FAYETTE AVENUE
MAMARONECK, NY 10543-2211

3b Administrator's EIN
13-3029041

3c Administrator's telephone number
914-777-6300

4 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/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	118
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	74
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	98
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	98
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	75
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
BLONDIES TREEHOUSE, INC.

D Employer Identification Number (EIN)
13-3029041

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-2656036	78778	603203	79	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEW YORK ROSBRUCH & HARNIK
1025 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0		COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINDA TORTU
220 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0		COMMISSION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1367576

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLONDIES TREEHOUSE, INC.

D Employer Identification Number (EIN)
13-3029041

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GUARDIAN INSURANCE & ANNUITY CO

13-2656306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 38 49 15	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	7041	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

STADION MONEY MANAGEMENT INC

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	6193	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GUARDIAN INSURANCE & ANNUITY CO INC	15 49	1292

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BENEFIT TRUST COMPANY 5901 COLLEGE BOULEVARD OVERLAND PARK, KS 66211	AVERAGE ASSETS MULTIPLIED BY .50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GUARDIAN INSURANCE & ANNUITY CO INC	15 49	1514

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET BANK & TRUST CO ONE LINCOLN ST BOSTON, MA 02111	AVERAGE ASSETS MULTIPLIED BY .53%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BLONDIES TREEHOUSE, INC.

D Employer Identification Number (EIN)
13-3029041

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GUARDIAN SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): THE GUARDIAN INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-2656036-000	P	1359830

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLONDIES TREEHOUSE, INC.

D Employer Identification Number (EIN)
13-3029041

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101636	77584
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20105	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	226392	333348
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	123796	115462
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1247438	1367576
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1719367	1893970
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1719367	1893970

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	147640	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		147640
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	1320	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	5600	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6920
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	9951	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9951
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	252840	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	222501	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		30339

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11342	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11342
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		133591
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		339783
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	130583	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		130583
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		23997
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	10552	
(4) Other	2i(4)	48	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10600
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		165180
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		174603
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARKS PANETH & SHRON LLP (2) EIN: 11-3518842

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
BLONDIES TREEHOUSE INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLONDIES TREEHOUSE, INC.

D Employer Identification Number (EIN)
13-3029041

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-2656036

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Report on Financial Statements

December 31, 2010

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

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Marks Paneth & Shron LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Blondie's Treehouse, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Blondie's Treehouse, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) and schedule of assets (acquired and disposed of within year) as of and for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Guardian Insurance and Annuity Company ("Guardian") except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Guardian holds approximately 76% and 78% of the Plan's investment assets as of December 31, 2010 and 2009, respectively, and executes investment transactions. The Plan administrator has obtained a certification from Guardian as of December 31, 2010 and 2009, and for the Plan year ended December 31, 2010 that the information provided to the Plan administrator by Guardian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements, and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Guardian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Marks Paneth & Shron LLP

Tarrytown, NY
October 25, 2011

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BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

	2010	2009
Assets:		
Investments, at fair value:		
Cash and money market	$ 77,584	$ 101,636
Common stocks	333,348	226,392
Corporate bond	-	20,105
Mutual funds	1,367,576	1,247,438
Total investments	1,778,508	1,595,571
Notes receivable from participants	115,462	123,796
Total Assets	$ 1,893,970	$ 1,719,367
Net assets available for benefits	$ 1,893,970	$ 1,719,367

See accompanying notes to the financial statements.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	175,272
Interest and dividends		11,271
Total investment income		186,543
Interest on notes receivable from participants		5,600
Participant contributions		147,640
Total additions		339,783
Deductions from net assets attributed to:		
Benefits paid to participants		154,580
Administrative expenses		10,552
Foreign taxes paid		48
Total deductions		165,180
Net increase		174,603
Net assets available for benefits:		
Beginning of Year		1,719,367
End of Year	$	1,893,970

See accompanying notes to the financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of the Blondie's Treehouse, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participant should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was originally established in 1988 as a 401(k) Profit Sharing Plan for eligible employees of Blondie's Treehouse Inc. ("Company") and ("Employer"), as defined.

Effective January 1, 2007, the Plan was amended to provide for Roth 401(k) contributions.

Eligibility for Participation

For purposes of the Company's nonelective profit sharing contributions and 401(k) deferral contributions, any employee is immediately eligible to participate. The date of enrollment is the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year.

Contributions

There are two types of contributions which can be made to the Plan.

I. Salary Deferral Contributions. The maximum contribution for the calendar years 2010 and 2009 was limited to $16,500, plus up to $5,500 as a catch-up contribution for participants age 50 or over.

II. Company's Supplemental Contributions. A discretionary amount on behalf of the participants of which the amount if any, shall be deemed as Company's nonelective contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Company contributions, if any, and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service as follows:

Year of Service	Percentage of Account Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 +	100%

NOTE 1 - PLAN DESCRIPTION (Continued)

The Company has not made any Profit Sharing contributions for the year ended December 31, 2010.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25 percent to 8.25 percent, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. The loans are repayable over a period not to exceed five years unless the loans are used to acquire a principal residence, which are repayable over a reasonable period of time. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $734 and $738, respectively. These accounts will be used to reduce future employer contributions.

Reclassified Financial Statement Items

Certain items in the December 31, 2009 financial statement have been reclassified to conform to the December 31, 2010 presentation. These reclassifications had no impact on the net assets available for benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Notes receivable from participants:

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payments of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

Administrative expenses of maintaining the Plan are paid by the Company. Certain additional administrative expenses of $10,552 were paid by the Plan for the year ended December 31, 2010.

Subsequent Events:

Subsequent events were evaluated through October 25, 2011, which is the date the financial statements were available to be issued. Refer to Note 10.

Recent Accounting Pronouncements:

In September 2009, the FASB issued ASC Update 2009-12, "Fair Value Measurements and Disclosures (Topic 820) Investment in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)". This update provides guidance on estimating the fair value of a company's investments in investment companies when the investment does not have a readily determinable fair value. It permits the use of the investment's net asset value as practical expedient to determine fair value. This guidance also required additional disclosure of the attributes of these investments such as: (i) the nature of any restrictions on the reporting entity's ability to redeem its investment; (ii) unfunded commitments; and (iii) investment strategies of the investees. This guidance is effective for periods ending after December 15, 2009.

In January 2010, the FASB issued updated guidance to improve disclosures regarding fair value measurements. This updated guidance requires separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers and clarified existing disclosure requirements related to the level of disaggregation of fair value measurements for each class of assets and liabilities. Disclosures regarding the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for assets and liabilities in both Level 2 and 3 are also required. The new disclosures and clarifications of existing disclosures were adopted by the Plan as of January 1, 2010 and did not have a material impact on the financial statements.

In addition, this updated guidance also requires disclosure on a gross basis of purchases, sales, issuances, and settlements within Level 3 rather than as one net amount. This requirement is effective for plan years beginning after December 15, 2010. The Plan's management does not expect the adoption to have a material impact on the Plan's financial statements.

In September 2010, the FASB issued updated guidance that requires participant loans to be classified as "notes receivable from participants", which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. As required by the guidance, the Plan has applied the guidance retrospectively. The Plan has reclassified participant loans receivable to be a part of total receivables in the statement of net assets and removed the participant loans receivable from the fair value measurements disclosure. The adoption of this guidance did not have a material impact on the financial statements.

NOTE 3 - PARTICIPANT-DIRECTED INVESTMENTS - UNAUDITED INFORMATION PREPARED AND CERTIFIED BY GUARDIAN

The following information presents investments that represent 5 percent or more of the Plan's net assets which were certified by Guardian.

	2010	2009
Mutual funds:		
Benefit Stadion Moderate ETF Trust	$ 307,209	$ 209,430
Benefit Stadion Growth ETF Trust	124,081	137,517
SSgA S&P 500 Index Fund	316,608	254,792
SSgA Short Term Investment Fund	-	145,196
SSgA U.S. Bond Index Fund	103,209	94,301
Less than 5 percent	508,723	406,202
Total investments	$ 1,359,830	$ 1,247,438
Net appreciation	$ 133,591	

NOTE 4 - OTHER PARTICIPANT-DIRECTED INVESTMENTS

The Plan's other investments are held in a participant-directed brokerage account. Each individual investment in the account amounted to less than 5 percent of the Plan's net assets. The fair value of the investments held in the other participant-directed brokerage account for the years ended December 31, 2010 and 2009, are $418,678 and $348,133, respectively.

	2010	2009
Cash and money market:	$ 77,584	$ 101,636
Investments in common stock, at fair value:		
Annaly CAP Management Inc.	9,498	15,615
Aspen Insurance Holdings Ltd.	14,882	13,234
Aegean Marine Petroleum Network	-	14,482
Brinks Home Sec Hldgs Inc Com	-	7,736
Capstead Mtg Corp Com	13,345	-
Canadian National RY Co.	-	16,852
Canadian Natural Res Ltd.	23,098	15,110
Cardinal Health Inc.	-	15,153
Comcast Corp New CL A SPL	22,683	-
CVS Caremark Corp	17,733	-
Hilltop Hldgs Inc Com	13,491	15,830
Horizon Technology Finance Corp	11,849	-
Lowes Cos Inc.	-	14,970
Market Vectors ETF TR Gold Miners	7,991	6,006
Microsoft Corp Com	21,219	-
New Flyer Inds Inc.	7,940	14,121
Norfolk Southern Corp.	-	7,339
Pfizer Inc.	23,639	14,188
Proshares Ultrashort Lehman	7,038	9,477
Proshares TR II Ultra Gold	-	11,617

NOTE 4 - OTHER PARTICIPANT-DIRECTED INVESTMENTS (continued):

Schlumberger Ltd Com	30,895	-
Scorpio Tankers Inc	11,627	-
Solar Cap Ltd Com	16,850	-
Thermo Fisher Scientific Inc	27,680	20,984
Time Warner Cable Inc.	-	6,622
TWO HBRS Investment Corp.	-	7,056
Tyco Intl Ltd	26,107	-
UBS AG London Branch E Tracs	8,604	-
Vodafone Group plc Spon ADR	17,179	-
Total common stocks	$ 333,348	$ 226,392
Investment in mutual funds, at fair value:		
Ares Capital Corporation	$ 7,746	$ -
Investment in corporate bond, fair value		
Wal-Mart Stores Inc. Notes	$ -	$ 20,105
Total investments	$ 341,094	$ 246,497
Interest and dividend income	$ 11,271	
Net appreciation	$ 41,681	

NOTE 5 - FAIR VALUE MEASUREMENTS

FASB ASC 820, "Fair Value Measurements and Disclosures", establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or, similar assets/liabilities in inactive markets; inputs other than quoted prices that are observable for the assets or liability; inputs that are derived principally from or corroborated by observable market data, by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

NOTE 5 – FAIR VALUE MEASUREMENTS (continued):

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common stocks:

Valued at the closing price reported on the active market in which the individual securities are traded.

Corporate bond:

Valued at the closing price reported on the active market in which the bond is traded.

Mutual funds:

Valued at the net asset value (NAV) of shares held by the Plan at year end based upon quoted market prices determined in an active market.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009.

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 556,886	$ 810,690	$ -	$1,367,576
Common stocks:				
Industrials	91,727	-	-	91,727
Telecommunications	22,683	-	-	22,683
Consumer	161,017	-	-	161,017
Other	57,921	-	-	57,921
Total common stocks	333,348	-	-	333,348
Cash and money market	77,584	-	-	77,584
Total Assets at Fair Value	$ 967,818	$ 810,690	$ -	$ 1,778,508

NOTE 5 – FAIR VALUE MEASUREMENTS (continued):

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash and money market	$ 101,636	$ -	$ -	$ 101,636
Common stocks	226,392	-	-	226,392
Corporate bond	20,105	-	-	20,105
Mutual funds	479,373	768,065	-	1,247,438
Total Assets at Fair Value	$827,506	$ 768,065	$ -	$ 1,595,571

The following table presents the investments of the Plan with a reported net asset value as of December 31, 2010 and December 31, 2009:

	2010 Fair Value	2009 Fair Value	Redemption Frequency	Redemption Notice Period	Redemption Restrictions	Unfunded Commitment
Index funds (1)	$256,376	$125,727	Daily	Daily	None	-
Income funds (2)	554,314	642,338	Daily	Daily	None	-
Total	$810,690	$768,065				-

(1)The objective of this fund is to provide a rate of return primarily consistent with the Standard & Poor's 500 index.
(2)The objective of these funds is to provide daily liquidity and maximum returns that are consistent with reasonable risk

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Guardian, the custodian, and common stocks managed by Pershing Advisor Solution ("Pershing"). Guardian has custody of the participants' investments and Pershing has custody of the Company owner's investments, therefore, these transactions qualify as party-in-interest transactions. Participant loans also qualify as party-in-interest transactions. Dividend income received by the Plan is net of fees charged by Guardian, Pershing or its affiliates. Fees by the Plan for the investment management services amounted to $10,552 for the year ended December 31, 2010.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in their employer contributions (including any investment gains or losses on them) in the Plan account and distribution of the Plan account would be made as permitted under federal law.

NOTE 8 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated November 19, 2001, that the Plan and related Trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is a tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 - SUBSEQUENT EVENTS

As of October 25, 2011, the Plan's portfolio has decreased by approximately 18%. The decrease takes into account contributions, benefit payments, unrealized gains and losses since January 1, 2011.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule Of Assets (Held at End of Year)
E.I.N. 13-3029041
PLAN # 001

December 31, 2010

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost ** (d)	Current Value (e)
*	Pershing Advisor Solutions	Cash and money market		$ 77,584
	Pershing Advisor Solutions			
	Ares Capital Corporation	Mutual fund		7,746
	Guardian Insurance and Annuity Company, Inc.			
*	AllianceBernstein International Value Fund	Mutual fund		$ 956
*	American Century Strategic Alloc: Agg Investor Fund	Mutual fund		15,741
*	American Century Inflation Adjusted Bond Fund	Mutual fund		997
*	American Century Vista	Mutual fund		1,175
*	Benefit Stadion Conservative ETF Trust	Mutual fund		16,654
*	Benefit Stadion Moderate ETF Trust	Mutual fund		307,209
*	Benefit Stadion Growth ETF Trust	Mutual fund		124,081
*	Davis NY Venture Fund	Mutual fund		14,397
*	Delaware VIP Limited-Term Diversified Income Fund	Mutual fund		986
*	Fidelity Advisor Equity Income Fund	Mutual fund		21,444
*	Fidelity Advisor High Income Advantage Fund	Mutual fund		19,799
*	Fidelity Advisor Small Cap Fund	Mutual fund		15,717
*	Fixed Rate Option	Mutual fund		25,070
*	Goldman Sachs Mid Cap Value Fund	Mutual fund		1,199
*	Goldman Sachs Small Cap Value Fund	Mutual fund		1,222
*	JPMorgan Mid Cap Growth Fund	Mutual fund		2,432
*	Janus Forty Fund	Mutual fund		1,005
*	Janus Overseas Fund	Mutual fund		36,537
*	PIMCO Short-Term Fund	Mutual fund		13,762
*	PIMCO Total Return Fund	Mutual fund		1,024
*	Perkins Mid Cap Value Fund	Mutual fund		1,086
*	RS Investment Quality Bond Fund	Mutual fund		40,246
*	RS Large Cap Alpha Fund	Mutual fund		9,883
*	SSgA International Index Fund	Mutual fund		85,890
*	SSgA Russell 2000 Index Fund	Mutual fund		66,062
*	SSgA S&P 500 Index Fund	Mutual fund		316,608
*	SSgA S&P Mid Cap Index Fund	Mutual fund		1,215
*	SSgA Short Term Investment Fund	Mutual fund		63,576
*	SSgA U.S. Bond Index Fund	Mutual fund		103,209
*	T. Rowe Price Growth Stock Fund	Mutual fund		50,648
		Total mutual funds		$ 1,367,576
		Sub-total (carried forward)		$ 1,445,160

* - Indicates party-in-interest to the Plan.
** - Cost information omitted with respect to participant or beneficiary directed transactions.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule Of Assets (Held at End of Year)
E.I.N. 13-3029041
PLAN # 001

December 31, 2010

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost ** (d)	Current Value (e)
		Sub-total (carried forward)		$ 1,445,160
	Pershing Advisor Solutions:			
	Annaly CAP Management Inc.	Common stock		9,498
	Aspen Insurance Holdings Ltd.	Common stock		14,882
	Capstead Mtg Corp Com	Common stock		13,345
	Canadian Natural Res Ltd.	Common stock		23,098
	Comcast Corp New CL A SPL	Common stock		22,683
	CVS Caremark Corp	Common stock		17,733
	Hilltop Holdings Inc.	Common stock		13,491
	Horizon Technology Finance Corp Co,	Common stock		11,849
	Market Vectors ETF TR Gold Miners	Common stock		7,991
	Microsoft Corp Com	Common stock		21,219
	New Flyer Inds Inc.	Common stock		7,940
	Pfizer Inc.	Common stock		23,639
	Proshares Ultrashort Lehman	Common stock		7,038
	Schlumberger Ltd Com	Common stock		30,895
	Scorpio Tankers Inc	Common stock		11,627
	Solar Cap Ltd Com	Common stock		16,850
	Thermo Fisher Scientific Inc.	Common stock		27,680
	Tyco Intl Ltd	Common stock		26,107
	UBS AG London Branch E Tracs	Common stock		8,604
	Vodafone Group Plc Spon ADR New	Common stock		17,179
		Total common stocks		333,348
		Total		$ 1,778,508
	Notes receivable from participants	Interest rates (3.25% - 8.25%) - Maturity date 5 to 10 years from inception		115,462

* - Indicates party-in-interest to the Plan.
** - Cost information omitted with respect to participant or beneficiary directed transactions.

See independent auditors' report.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule Of Assets (Acquired and Disposed of Within Year)
E.I.N. 13-3029041
PLAN # 001

December 31, 2010

Identity of Issue, Borrower, Lessor or Similar Party (a)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (b)	Cost of Acquisitions (c)	Proceeds of dispositions (d)
Pershing Advisor Solutions	Apollo Invt Corp com	$ 7,062	$ 8,139
Pershing Advisor Solutions	Aegean Marine Petroleum Network	17,703	16,443
Pershing Advisor Solutions	Annaly Cap Management inc	5,331	6,480
Pershing Advisor Solutions	Ares Cap Corp com	8,482	9,920
Pershing Advisor Solutions	Brinks Home Sec c/a eff 5/14/10	7,590	9,803
Pershing Advisor Solutions	Canadian Natrl Ry Co com	10,749	19,196
Pershing Advisor Solutions	Cardinal Health Inc com	13,503	16,135
Pershing Advisor Solutions	Crude Carriers Corp com	7,618	7,562
Pershing Advisor Solutions	Genzyme Corp com	7,560	10,167
Pershing Advisor Solutions	Hsn Inc Del com	8,329	9,311
Pershing Advisor Solutions	Hilltop Hldgs Inc com	1,149	980
Pershing Advisor Solutions	Lowes Cos Inc com	13,567	14,280
Pershing Advisor Solutions	Nbty Inc com *c/m*	14,970	13,372
Pershing Advisor Solutions	New Flyer Inds Inc income deposit secs	6,847	8,489
Pershing Advisor Solutions	Norfolk Southern Corp	4,620	7,869
Pershing Advisor Solutions	Proshares TR II Proshares Ultra Gold	7,694	11,636
Pershing Advisor Solutions	Teekay Offshore Partners l.p.	22,882	22,329
Pershing Advisor Solutions	Thermo Fischer Scientific inc	8,824	10,600
Pershing Advisor Solutions	Time Warner Cable Inc com	5,597	8,240
Pershing Advisor Solutions	Triple S Mgmt Corp cl b	7,376	7,167
Pershing Advisor Solutions	Two Hbrs Invt Corp com	14,996	13,562
Pershing Advisor Solutions	Walmart Stores inc	20,052	21,160
	Total	$ 222,501	$ 252,840

See independent auditors' report.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule Of Assets (Held at End of Year)
E.I.N. 13-3029041
PLAN # 001

December 31, 2010

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost ** (d)	Current Value (e)
*	Pershing Advisor Solutions	Cash and money market		$ 77,584
	Pershing Advisor Solutions			
	Ares Capital Corporation	Mutual fund		7,746
	Guardian Insurance and Annuity Company, Inc.			
*	AllianceBernstein International Value Fund	Mutual fund		$ 956
*	American Century Strategic Alloc: Agg Investor Fund	Mutual fund		15,741
*	American Century Inflation Adjusted Bond Fund	Mutual fund		997
*	American Century Vista	Mutual fund		1,175
*	Benefit Stadion Conservative ETF Trust	Mutual fund		16,654
*	Benefit Stadion Moderate ETF Trust	Mutual fund		307,209
*	Benefit Stadion Growth ETF Trust	Mutual fund		124,081
*	Davis NY Venture Fund	Mutual fund		14,397
*	Delaware VIP Limited-Term Diversified Income Fund	Mutual fund		986
*	Fidelity Advisor Equity Income Fund	Mutual fund		21,444
*	Fidelity Advisor High Income Advantage Fund	Mutual fund		19,799
*	Fidelity Advisor Small Cap Fund	Mutual fund		15,717
*	Fixed Rate Option	Mutual fund		25,070
*	Goldman Sachs Mid Cap Value Fund	Mutual fund		1,199
*	Goldman Sachs Small Cap Value Fund	Mutual fund		1,222
*	JPMorgan Mid Cap Growth Fund	Mutual fund		2,432
*	Janus Forty Fund	Mutual fund		1,005
*	Janus Overseas Fund	Mutual fund		36,537
*	PIMCO Short-Term Fund	Mutual fund		13,762
*	PIMCO Total Return Fund	Mutual fund		1,024
*	Perkins Mid Cap Value Fund	Mutual fund		1,086
*	RS Investment Quality Bond Fund	Mutual fund		40,246
*	RS Large Cap Alpha Fund	Mutual fund		9,883
*	SSgA International Index Fund	Mutual fund		85,890
*	SSgA Russell 2000 Index Fund	Mutual fund		66,062
*	SSgA S&P 500 Index Fund	Mutual fund		316,608
*	SSgA S&P Mid Cap Index Fund	Mutual fund		1,215
*	SSgA Short Term Investment Fund	Mutual fund		63,576
*	SSgA U.S. Bond Index Fund	Mutual fund		103,209
*	T. Rowe Price Growth Stock Fund	Mutual fund		50,648
		Total mutual funds		$ 1,367,576
		Sub-total (carried forward)		$ 1,445,160

* - Indicates party-in-interest to the Plan.
** - Cost information omitted with respect to participant or beneficiary directed transactions.

BLONDIE'S TREEHOUSE, INC.
401(K) PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule Of Assets (Held at End of Year)
E.I.N. 13-3029041
PLAN # 001

December 31, 2010

(a)	Identity of Issue, Borrower, Lessor or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost ** (d)	Current Value (e)
		Sub-total (carried forward)		$ 1,445,160
	Pershing Advisor Solutions:			
	Annaly CAP Management Inc.	Common stock		9,498
	Aspen Insurance Holdings Ltd.	Common stock		14,882
	Capstead Mtg Corp Com	Common stock		13,345
	Canadian Natural Res Ltd.	Common stock		23,098
	Comcast Corp New CL A SPL	Common stock		22,683
	CVS Caremark Corp	Common stock		17,733
	Hilltop Holdings Inc.	Common stock		13,491
	Horizon Technology Finance Corp Co,	Common stock		11,849
	Market Vectors ETF TR Gold Miners	Common stock		7,991
	Microsoft Corp Com	Common stock		21,219
	New Flyer Inds Inc.	Common stock		7,940
	Pfizer Inc.	Common stock		23,639
	Proshares Ultrashort Lehman	Common stock		7,038
	Schlumberger Ltd Com	Common stock		30,895
	Scorpio Tankers Inc	Common stock		11,627
	Solar Cap Ltd Com	Common stock		16,850
	Thermo Fisher Scientific Inc.	Common stock		27,680
	Tyco Intl Ltd	Common stock		26,107
	UBS AG London Branch E Tracs	Common stock		8,604
	Vodafone Group Plc Spon ADR New	Common stock		17,179
		Total common stocks		333,348
		Total		$ 1,778,508
	Notes receivable from participants	Interest rates (3.25% - 8.25%) - Maturity date 5 to 10 years from inception		115,462

* - Indicates party-in-interest to the Plan.
** - Cost information omitted with respect to participant or beneficiary directed transactions.