## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accomplete all entries in accomplete.	ordance wit	h the instructions to the Form 5500	)-SF.		•	
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	)11	and ending 1.	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	·		eturn/report				
Ь		=	·				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descrip	tion)					
D	art II Basic Plan Information—enter all requested infor	mation					
		manon		1h	Three-digit		
	Name of plan ED STATES LUGGAGE CO., L.P. 401(K) PROFIT SHARING PLA	N		ID	plan number		
OIVII	ED STATES EDUCAGE CO., E.F. 401(R) FROITI SHARMOT EA	M V			(PN) ▶	002	
				1c	Effective date of		
				10	12/31/		
2a	Plan sponsor's name and address; include room or suite number	(employer it	for a single-employer plan)	2h	Employer Identif		\r
	FED STATES LUGGAGE CO., L.P.	(crripioyer, ii	Tor a single employer plant	20	(EIN) 13-35		71
				20	-		
				20	Sponsor's teleph		
	WIRELESS BLVD. PPAUGE, NY 11788			24			-1
ПАО	FFAUGE, NT 11700			Zu	Business code (		is)
		. "0	,,,	26			
	Plan administrator's name and address (if same as plan sponsor, ED STATES LUGGAGE CO., L.P. 400 WIREL	enter "Same ESS BLVD.	<del>)</del> ")	3D	Administrator's I	IN 11970	
OIVIII		GE, NY 1178	38	30	Administrator's t		hor
				30	631-434		Dei
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	FIN		
-	name, EIN, and the plan number from the last return/report.		ropert med for time plant, enter the		LII4		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			79
b	Total number of participants at the end of the plan year					83	
			•	5b			0.
С	Number of participants with account balances as of the end of the complete this item)		•	5c			76
	. ,					V voc □	
-	Were all of the plan's assets during the plan year invested in elig		'			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use		,			ы п	
Pa	art III Financial Information	1 01111 0000	or and mast motoda acc r crim co.				
7	Plan Assets and Liabilities		(a) Denimina of Veen		(b) Food	of Voor	
· .		_	(a) Beginning of Year 2565423		(b) End	2795944	
а	Total plan assets						
b	Total plan liabilities	<u>7b</u>	0			0	
C	Net plan assets (subtract line 7b from line 7a)	7с	2565423			2795944	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		400000				
	(1) Employers	8a(1)	198886	_			
	(2) Participants	8a(2)	263412				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)		-68629				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					393669	
d	Benefits paid (including direct rollovers and insurance premiums	00				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
u	to provide benefits)	8d	161022				
е	Certain deemed and/or corrective distributions (see instructions)		1236				
_			0				
f	Administrative service providers (salaries, fees, commissions)			-			
g	Other expenses		890				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				163148	
i	Net income (loss) (subtract line 8h from line 8c)	8i				230521	
j	Transfers to (from) the plan (see instructions)	8j	0				
		U U	]				

Form	5500-	SF	2011

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 3H 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		1					
During the plan year:		Yes	No		Amoun	nt	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C Was the plan covered by a fidelity bond?	10c	X				450	00
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X				12	27:
f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt VI Pension Funding Compliance				•			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					П ү	es X	١
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru</li> </ul>					. Ц	es X	1
granting the waiver	nth						
<b>b</b> Enter the minimum required contribution for this plan year		Г	12b				_
C 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 minus sign to the left negative amount)	t of a		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/
rt VII Plan Terminations and Transfers of Assets							
Has a resolution to terminate the plan been adopted in any plan year?				res X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under	the co	ontrol		Y	es X	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	)		_		
13c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	130	<b>13c(3)</b> PN(s	
ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	blo co	ıso is	ostabl	lichad			_

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/04/2012	RICHARD KRULIK					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	05/04/2012	RICHARD KRULIK					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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 6057(b) and 6058(a) of the internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete un charco in accorda.						<del></del>
Pa	rtII Annual Report Identification Information	04/04/	0011	and ending	10/	31/2011	
or th	ne calendar plan year 2011 or fiscal plan year beginning	01/01/			<u> </u>		ont plan
<b>A</b> T	nis retuitive port is for.	•		(not multiemployer)		a one-particip	ant plan
<b>3</b> T	Ills returns eport is.	ne final retu	•				
	an amended return/report a	short plan	year return/r	eport (less than 12 mo	ılhs)		
<b>c</b> c	theck box if filing under: Form 5558	utomatic ex	dension		L	DFVC progra	m
	special extension (enter description)						
n.	rt II Basic Plan Information enter all requested inform	ation.					
	Name of plan					hree-digit	
	•	haring I	01 an			an number ²N) ▶	002
	United States Luggage Co., L.P. 401(K) Profit St	narring i	3.611		<del></del>	ffective date of	plan
					1	2/31/1976	
2a	Plan sponsor's name and address; include room or suite number (empl	loyer, if for	single-emplo	yer plan)	1		fication Number
	United States Luggage Co., L.P.				<u>(E</u>	IN) 13-35	11970
							elephone number
	400 Wireless Blvd.				<u> </u>	631) 434-	
	400 HTTOTOSS NTAGE				ł.	usiness code ( 23990	(see instructions)
US	Hauppauge NY 11788						
3a	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")			an A	dministrator's	LIIN
	Same						
					3C A	dministrator's	telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	rt filed for thi	s plan, enter the	4b E	IN	
•	name, EIN, and the plan number from the last return/report.				4c F	'n	
<u>a</u>	Sponsor's Name  Total number of participants at the beginning of the plan year				5a	1	79
	Total number of participants at the beginning of the plan year				5b		83
b	Number of participants at the end of the plan year.  Number of participants with account balances as of the end of the plan	year (defin	ed benefit pl	lans do not			
_	complete this item)				5c		76 X Yes No
6a	Were all of the plan's assets during the plan year invested in eligible as	ssets? (See	instructions	.)	• • •		X Yes No
b	Are you claiming a waiver of the annual examination and report of an in	ndependen	t qualified pu	iblic accountant (IQPA)			X Yes No
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must ins	tead use Form 5500.			
	Control and American	0000 01 4					
E-manuary.			(a) E	Beginning of Year		(b) End	l of Year
7	Plan Assets and Liabilities	7a		2,565,423			2,795,944
a L	Total plan assets	7b		0			0
b	Total plan liabilities	7c		2,565,423	_		2,795,944
C C	Net plan assets (subtract line 7b from line 7a)			(a) Amount		(b)	Total
8 a	Contributions received or receivable from:	A TORSING THE SERVICE OF					
~	(1) Employers	8a(1)	-	198,886	-		
	(2) Participants	8a(2)		263,412	$\dashv$		
	(3) Others (including rollovers)	8a(3)	·····	0		i de la ciudada	
b	Other income (loss)	8b		(68,629)			200 (00
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	nen Metallich in de	Market Company (Company)			393,669
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		161,022			
^	Certain deemed and/or corrective distributions (see instructions)			1,236			
e	Administrative service providers (salaries, fees, commissions)			0			
f	Other expenses			890			
g	Total expenses (add lines 8d, 8e, 8f, and 8g)						163,148
h	Net income (loss) (subtract line 8h from line 8c).			na i Senera Sela o			230,521
!	Net income (loss) (subtract line on itom line oc)	. 8j		0	369.0		No. of the second
	Transpare to form to the field (SEE DISHUBBLE)   1   1   1   1   1   1   1   1   1	~,					

	Form 5500-SF 2011 F	age <b>2-</b>		_				
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the Li 2E 3H 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the Lis							
Par	t V Compliance Questions							
10	During the plan year:			Yes	No	An	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time per		10a		х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program Were there any nonexempt transactions with any party-in-interest? (Do not include transa	tions reported	,,,,,					
	on line 10a.)		10b		Х			
C			10c	Х			4	50,000
đ	or dishonesty?		10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the instructions.)	e plan? (See	10e	x				12,731
f	Has the plan failed to provide any benefit when due under the plan?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		х		to Martine and American active to	
h	2520.101-3.)		10h		х		5 (5) (6) 51 (6)	
j	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	e of the	10i					
	t VI Pension Funding Compliance				00.0			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst	ructions and comple	ete So	neau	e SB (F	-orm	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan	year, see instructio	ns, a	nd ent	er the o	date of the le		
if.	granting the walver		th		Day	′ Y	ear	
b				. [	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 minunegative amount)	is sign to the left of	a 	. [	12d			<u> </u>
e	ABBUDIES	· · · · · · · ·	•	<u> </u>		Yes	No	N/A
Part	2-272						<u> </u>	X No
13a				٠,	40-		Yes	XINO
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year .  Were all the plan assets distributed to participants or beneficiaries, transferred to another	plan or brought und	der th	o cont	13a			
b C	of the PBGC?				+ +		Yes	X No
	which assets or liabilities were transferred. (See Instructions.)		1				l	
	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed un	less reasonable ca	use i	s esta	blishe	d.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have ex r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version, the strue, correct, and complete.	amined this return/r on of this return/repo	eport ort, an	, included to the	ding, if ie best	applicable, a of my knowle	Schedule edge and	
I Section 1		Richard Krul	.ik					***
SIG HE		Enter name of inc		al sign	îng as	plan adminis	irator	

Enter name of individual signing as employer or plan sponsor

SIGN / C -HERE Signature of employer/plan sponsor