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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PERRY ELLIS INTERNATIONAL, INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/31/1994

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PERRY ELLIS INTERNATIONAL, INC.

3000 NW 107TH AVENUE
MIAMI, FL 33172

2b Employer Identification Number (EIN) 59-1162998

2c Sponsor's telephone number 305-873-1482

2d Business code (see instructions) 315990

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.	09/26/2012	JESSE A. MCLAUGHLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2012	FANNY HANONO
	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")
PERRY ELLIS INTERNATIONAL, INC.

3000 NW 107TH AVENUE
MIAMI, FL 33172

3b Administrator's EIN
59-1162998

3c Administrator's telephone number
305-873-1482

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**	1769
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**	1723
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	399
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	2123
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1868
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	121
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 2K 2S 2T 3D 3H

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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PERRY ELLIS INTERNATIONAL, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PERRY ELLIS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
59-1162998

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).. . . . . [X] 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

CHARLES SCHWAB & CO. AND AFFILIATES

94-1737782

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

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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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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 50 64	NONE	19226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 49 50 52 59 62	NONE	640	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

(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
CHARLES SCHWAB & CO. AND AFFILIATES	59	0

(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.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

(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.

(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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PERRY ELLIS INTERNATIONAL, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
59-1162998

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: SCHWAB MANAGED RETIREMENT 2010

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-001	C	488910

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2015

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-006	C	703507

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2020

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-002	C	2106047

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2025

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-007	C	790286

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2030

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-003	C	1726246

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2035

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-008	C	915206

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

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)
81-0625169-004	C	884906

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2045

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625169-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 579332

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT 2050

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625169-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455240

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RETIREMENT INC

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625169-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263210

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB STABLE VALUE SELECT

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625180-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5959886

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	
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a Plan name	
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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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PERRY ELLIS INTERNATIONAL, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PERRY ELLIS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
59-1162998

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		148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15728	11695
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	1396140	1496358
(9) Value of interest in common/collective trusts	1c(9)	13387706	14872776
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	22809850	24001040
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	45000	45000

			(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	37654424	40427017
	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	37654424	40427017

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)	760761	
	(B) Participants	2a(1)(B)	4613764	
	(C) Others (including rollovers)	2a(1)(C)	688923	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6063448
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	57755	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		57755
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	563485	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		563485
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-105389
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-1020609
c Other income	2c		1245
d Total income. Add all **income** amounts in column (b) and enter total	2d		5559935
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2768146	
(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)		2768146
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
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)		
(4) Other	2i(4)	19196	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19196
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2787342
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2772593
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: ELLIOT DAVIS, LLC (2) EIN: 57-0381582

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		3000000
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PERRY ELLIS INTERNATIONAL, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PERRY ELLIS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
59-1162998

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): 42-1558009

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

PERRY ELLIS INTERNATIONAL, INC.
401(k) PLAN

REPORT ON FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 and 2010

Plan 002
EIN 59-1162998

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elliott davis

INDEPENDENT AUDITOR'S REPORT

Investment Policy Committee
Perry Ellis International, Inc. 401(k) Plan
Miami, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Perry Ellis International, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investments, investment transactions, and related income summarized in Note 3, which was certified by Charles Schwab Trust Company ("Charles Schwab"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2011 and 2010.

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 schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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.

Elliott Davis, LLC

Augusta, Georgia
September 11, 2012

PERRY ELLIS INTERNATIONAL, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2011	2010
ASSETS		
Investments	$ 38,918,964	$ 36,242,556
Receivables		
Notes receivable from plan participants	1,496,358	1,396,140
Other	11,695	15,728
Total receivables	1,508,053	1,411,868
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	40,427,017	37,654,424
Adjustment from fair value to contract value for fully - benefit responsive investment contracts	(40,841)	(145,231)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 40,386,176**	**$ 37,509,193**

See disclaimer of opinion and notes to the financial statements.

PERRY ELLIS INTERNATIONAL, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the year ended December 31,	
	2011	**2010**
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participant	$ 4,613,764	$ 3,719,908
Employer	760,761	605
Rollovers	688,923	203,266
	6,063,448	3,923,779
Interest income on notes receivable from plan participants	57,755	58,912
Investment income (loss)		
Interest and dividends	563,485	452,839
Net appreciation (depreciation) in fair value of investments	(1,020,363)	3,295,555
	(456,878)	3,748,394
Benefits paid to participants	(2,768,146)	(2,606,719)
Administrative expenses	(19,196)	(30,351)
	(2,787,342)	(2,637,070)
Net additions	2,876,983	5,094,015
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	37,509,193	32,415,178
End of year	**$ 40,386,176**	**$ 37,509,193**

See disclaimer of opinion and notes to the financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of Perry Ellis International, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on January 31, 1994. The Plan is a defined contribution plan covering all eligible employees of Perry Ellis International, Inc. and its wholly owned subsidiaries ("Company" or the "Plan Sponsor"). Employees may elect to contribute, subject to defined limitations, a percentage of their base salaries to the Plan in lieu of being paid such amounts in cash pursuant to Section 401(k) of the Internal Revenue Code.

Eligibility

Employees become eligible to enroll in the Plan at the attainment of age twenty-one and the completion of three months of service within a twelve month period. Employees that are residents of Puerto Rico, that are leased employees, employees of any affiliated employer which did not adopt this Plan, classified as an intern, or that are non-resident aliens with no income from United States sources are not eligible to participate in the Plan. For purposes of eligibility and vesting, the Plan includes service with the following predecessor employers: Jolem Imports, Inc., Munsingwear, Inc., Salant Corporation, Tropical Sportswear International Corporation, Jantzen, Inc., Gotcha, Inc, Laundry, LLC and Rafaella Apparel Group, Inc.

Contributions

Contributions to the Plan consist of the following:

Participant Salary Deferrals

Employees electing to participate in the Plan are permitted to contribute, through wage deferrals, to the Plan up to 60% of their annual compensation, as defined in the Plan, not to exceed amounts allowed by the Internal Revenue Service ("IRS"). Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. All contributions are credited solely to each participant's voluntary contribution account and are subject to annual limitations established by the Internal Revenue Service. The balance in this account is fully vested and may not be forfeited for any reason. The Plan provides for an automatic Participant deferral of 3% when a Participant becomes eligible unless the Participant elects to not defer or elects a different percentage.

Employer Matching Contributions

Each year the Plan Sponsor may make matching contributions at its discretion. Effective January 1, 2011, the Plan Sponsor approved a discretionary match of 20% of up to 6% of employees' contributions. No discretionary match was approved for 2010.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN, Continued

Contributions, continued

Discretionary Contributions

Prior to August 1, 2007, the Plan Sponsor was permitted to make additional profit-sharing contributions at its discretion. Such discretionary profit-sharing contributions were allocated to each eligible employee in proportion to his or her compensation as a percentage of the compensation of all eligible employees. Participants must have completed at least 1,000 hours of service during the Plan year to be eligible for the discretionary profit-sharing contributions. No discretionary contributions were made to the Plan for the years ended December 31, 2011 and 2010.

The total of a participant's contributions, Plan Sponsor matching contributions and Plan Sponsor discretionary profit-sharing contributions, if any, may not exceed the lesser of $49,000 or 100% of the participant's annual compensation. The total of all participant contributions and Plan Sponsor contributions for any Plan year may not exceed 25% of the compensation paid or accrued to all participants in the Plan.

Participant Accounts

Each participant's account is credited with the participant's salary deferral, Plan Sponsor matching contributions, allocations of any Plan Sponsor discretionary profit-sharing contributions, and Plan earnings or losses. Participant accounts are also charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary salary deferral contributions plus actual earnings thereon. Vesting in the Plan Sponsor's matching and discretionary contribution portion, if any, of their accounts plus earnings thereon is based upon years of continuous service. Prior to August 1, 2007, a participant was 100% vested after five years of credited service, vesting 20% for each year of service. Participants who had completed a year of service at August 1, 2007 are subject to 20% vesting after a year of service, 40% vesting after two years of service and 100% vesting after three years of service. Those participants that had not completed a year of service at August 1, 2007 are subject to three year cliff vesting.

Payment of Benefits

On termination of services due to death, disability, or retirement, a participant or designated beneficiary may elect to receive a lump sum payment equal to the value of the participant's vested interest in his or her account, monthly annuity payments, or a combination of both. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance on the date of the loan, whichever is less. The loans, classified as notes receivable from participants, are secured by the vested portion in the participant's account and are repayable over periods no longer than ten years. Interest is charged at a fixed rate determined by the Plan Administrator, based on prevailing interest rates ranging from 4.25% to 8.75%, over the term of the loan. Principal and interest are paid ratably through payroll deductions.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN, Continued

Forfeitures

Unvested Plan Sponsor matching and profit-sharing contributions forfeited by participants are applied to reduce future Plan Sponsor contributions and pay administrative expenses. During 2011 and 2010, the Plan recognized $2,594 and $36,447 in forfeitures, respectively. The balance of accumulated forfeitures, plus earnings thereon, net of amounts used to reduce Plan Sponsor contributions or pay Plan administrative expenses was $5,030 and $5,100 at December 31, 2011 and 2010, respectively.

Investment Risk and Uncertainty

The Plan's investments are exposed to risks such as interest rate, credit, and overall market volatility risk. None of the Plan's investments or investment contracts are collateralized. The Plan may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Due to the level of risk associated with certain investments, changes in the value of investments may occur in the near term, and those changes could materially affect the value of investments reported in subsequent statements of net assets available for benefits.

Administrative Expenses

Certain administrative functions are performed by officers and/or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Plan.

Plan Termination

The Plan may be terminated or partially terminated or contributions under the Plan may be completely discontinued at any time by the Board of Directors of the Plan Sponsor. In the event of termination or partial termination of the Plan or complete discontinuance of contributions under the Plan, the rights of all participants directly affected will become fully vested.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual method of accounting with the exception of benefits, which are generally recorded when paid, in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end based upon quoted market prices. Units of common/collective trusts ("CCT's") are valued at fair value based on the quoted market prices of the underlying assets of the fund. The State of Israel Bonds, are stated at face value, an amount that is materially consistent with fair value. Participant loans are valued at their unpaid balance plus accrued interest, which approximates fair value.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Investment Valuation and Income Recognition, continued

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by accounting standards, the statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Net realized and unrealized gains (losses) on investments are included in the net appreciation (depreciation) in fair value of the investments as reported on the statements of changes in net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changed therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Recently Issued Accounting Pronouncements

Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements amended Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures*, to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 is effective for reporting periods beginning after December 15, 2010. Since ASU 2010-06 only affects fair value measurement disclosures, adoption of ASU 2010-06 did not have any effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Recently Issued Accounting Pronouncements, continued

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*. AUS 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures* to converge the fair value measurement guidance in US generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011 and are not expected to have an effect on the Plan's financial statements.

Subsequent Events

These financial statements have not been updated for subsequent events occurring after September 11, 2012, which is the date these financial statements were available to be issued.

NOTE 3 –TRUSTEE CERTIFICATIONS

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab Trust Company, the Trustee as of and for the years ended December 31, 2011 and 2010, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule.

(Continued)

NOTE 3 –TRUSTEE CERTIFICATIONS, Continued

The following tables present the value of the investments in this Plan that were certified, except for information related to the State of Israel bonds, by Charles Schwab Trust Company at December 31, 2011 and 2010. Investments are reported below at fair value except for the guaranteed income funds, which are reported at contract value.

	December 31,	
	2011	**2010**
Guaranteed Income Funds (at contract value)		
Schwab Stable Value Select (1)(2)	$ 5,919,045	$ 5,629,143
Cash	148	-
Common/Collective Trusts		
Schwab Managed Retirement 2010	488,910	569,660
Schwab Managed Retirement 2015	703,507	630,165
Schwab Managed Retirement 2020 (1)(2)	2,106,047	1,963,625
Schwab Managed Retirement 2025	790,286	758,070
Schwab Managed Retirement 2030	1,726,246	1,564,485
Schwab Managed Retirement 2035	915,206	518,309
Schwab Managed Retirement 2040	884,906	705,021
Schwab Managed Retirement 2045	579,332	368,751
Schwab Managed Retirement 2050	455,240	298,901
Schwab Managed Retirement Inc	263,210	236,345
Bonds		
State of Israel (3)	45,000	45,000
Mutual Funds		
American Beacon Large Cap Value Fund	1,866,467	1,683,428
American Funds AmCap R3 (1)(2)	4,656,123	4,441,093
Artisan Mid-Cap Fund	1,578,396	1,466,660
Columbia Small Cap Growth Z	843,879	519,116
Columbia Small Cap Value A	286,672	268,221
Europacific Growth R3 (1)(2)	2,408,381	2,732,277
Fidelity Balanced Fund (1)(2)	3,330,504	3,104,168
Growth Fund of America R3	-	267,463
Pimco Total Return- Admin Class (1)(2)	4,362,243	3,747,256
Schwab S&P 500 Index Select	2,011,789	1,648,780
SSGA Emerging Markets FD	837,103	1,189,497
T. Rowe Price Mid Cap Growth AD	1,506,323	1,398,395
Third Avenue Real Estate Value	313,160	343,496
	$ 38,878,123	**$ 36,097,325**

(Continued)

NOTE 3 –TRUSTEE CERTIFICATIONS, Continued

(1) Represents investments greater than 5% of the Plan's net assets available for benefits as of December 31, 2011.

(2) Represents investments greater than 5% of the Plan's net assets available for benefits as of December 31, 2010.

(3) Not certified to by the Trustee.

The Trustee also certified to the completeness and accuracy of the following information related to the aforementioned investments as well as notes receivable from plan participants of $1,496,358 and $1,396,140 at December 31, 2011 and 2010 respectively.

	Year Ended December 31,	
	2011	**2010**
Interest and dividends	**$ 621,240**	**$ 511,751**
Net appreciation (depreciation) in fair value of investments	**$(1,020,363)**	**$ 3,295,555**

NOTE 4– TAX STATUS

Charles Schwab has obtained a determination letter dated May 23, 2008 for the prototype 401(k) retirement plan adopted by the Plan Sponsor in 2007 upon the change in Trustee in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter and the Plan Administrator believes the Plan is currently operating in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRC. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 5 – GUARANTEED INCOME FUND

The Plan's investment in the Schwab Stable Value Fund is a fully benefit-responsive investment option with Charles Schwab Trust Company. Charles Schwab Trust Company maintains the contributions in a common/collective trust with a guaranteed rate of interest at no less than zero. The Stable Value Fund is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Charles Schwab Trust Company. The crediting rate is the periodic interest rate accrued to

(Continued)

NOTE 5 – GUARANTEED INCOME FUND, Continued

the Plan participants and reset by Charles Schwab Trust Company on an annual basis to reflect the performance of the underlying securities. The average yield earned by the Fund's investments during the years ended December 31, 2011 and 2010 was 1.53% and 2.26%, respectively. The crediting rate to participants at December 31, 2011 and 2010 was 4.59% and 2.73% respectively.

The contract provides for participant directed withdrawals and benefit payments at contract value. Certain distributions resulting from employer-initiated events such as Plan termination and group lay-offs may be subject to market value adjustment. The Plan Sponsor has determined that it is not probable that such employer-initiated events will occur.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2011 and 2010, the Plan entered into exempt party-in-interest transactions with the following service providers: Charles Schwab Trust Company, the Plan's trustee, and Welch Hornsby Welch, the Plan's investment advisor.

NOTE 7 – FAIR VALUE MEASUREMENTS AND DISCLOSURES

FASB ASC 820, *Fair Value Measurements and Disclosures,* provides the 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 under ASC 820 are described below:

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 or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset 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 measurement.

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.

(Continued)

NOTE 7 – FAIR VALUE MEASUREMENTS AND DISCLOSURES, Continued

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2011 and 2010.

Common stocks, corporate bonds, and U.S. government securities: Valued at closing price presorted on the active market on which the individual securities are traded.

Mutual funds and money market funds: Valued at the net asset value (NAV) of units held by the Plan at year-end.

Common collective trust fund, guaranteed investment contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods 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 investments at fair value as of December 31, 2011 and 2010, respectively:

	Fair value measurements as of December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash	$ 148	$ -	$ -	$ -
State of Israel bonds	-	45,000	-	45,000
Registered investment companies				
Index funds	2,848,891	-	-	2,848,891
Blended funds	3,330,504	-		3,330,504
Growth funds	10,993,102	-	-	10,993,102
Value funds	2,153,139	-	-	2,153,139
Fixed income funds	4,362,243	-	-	4,362,243
Real estate fund	313,160	-	-	313,160
Common/collective trust				
Target date blend strategy	-	8,912,890	-	8,912,891
Guaranteed income fund	-	5,959,886	-	5,959,886
Total investments at fair value	**$ 24,001,187**	**$ 14,917,776**	**$ -**	**$ 38,918,964**

(Continued)

NOTE 7 – FAIR VALUE MEASUREMENTS AND DISCLOSURES, Continued

	Fair value measurements as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
State of Israel bonds	$ -	$ 45,000	$ -	$ 45,000
Registered investment companies				
Index funds	2,838,277	-	-	2,838,277
Blended funds	3,104,168	-	-	3,104,168
Growth funds	10,825,004	-	-	10,825,004
Value funds	1,951,649	-	-	1,951,649
Fixed income funds	3,747,256	-	-	3,747,256
Real estate fund	343,496	-	-	343,496
Common/collective trust				
Target date blend strategy	-	7,613,332	-	7,613,332
Guaranteed income fund	-	5,774,374	-	5,774,374
Total investments at fair value	**$ 22,809,850**	**$ 13,432,706**	**$ -**	**$ 36,242,556**

The following are additional disclosures of the Plan's common/collective trusts whose fair value is estimated using net asset value per unit as of December 31, 2011:

Schwab Managed Retirement Trust: The Fund is designed to provide a single investment portfolio that adjusts over time to meet the changing risk and return objectives of investors over their expected investment horizon. Assets are allocated to a combination of underlying Schwab Institutional Trust Funds, the Schwab Stable Value Fund, and non-proprietary unitized accounts and collective trust and mutual funds that invest in various debt and equity securities.

Charles Schwab Stable Value Fund: The Fund seeks to maintain principal value, protect against market volatility, obtain consistent income return and provide liquidity for benefit payments and withdrawals. The Fund invests primarily in investment contracts issued by insurance companies and banks and in debt obligations issued or guaranteed by the US Government and its agencies.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	As of December 31,	
	2011	2010
Net assets available for benefits per the financial statements	$ 40,386,176	$ 37,509,193
Adjustment to investments from contract value to fair value	40,841	145,231
Net assets available for benefits per Form 5500	**$ 40,427,017**	**$ 37,654,424**

(Continued)

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, Continued

The following is a reconciliation of net increase per the financial statements to net increase per Form 5500:

	For the year ended December 31,	
	2011	**2010**
Net asset additions per the financial statements	$ 2,876,983	$ 5,094,015
Adjustment from contract value to fair value	(104,390)	145,231
Total increase per Form 5500	**$ 2,772,593**	**$ 5,239,246**

SUPPLEMENTAL SCHEDULE

PERRY ELLIS INTERNATIONAL, INC. 401(k) PLAN
PLAN 002
EIN 59-1162998
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS AT END OF YEAR
December 31, 2011

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par or Maturity Value	Number of Shares	(d) Cost	(e) Current Value	
	Cash	Cash	N/A	**	$ 148	
	State of Israel Bonds	Bonds	N/A	**	45,000	
*	Schwab Managed Retirement 2010	Common Collective Trust Fund	29,613	**	488,910	
*	Schwab Managed Retirement 2015	Common Collective Trust Fund	68,302	**	703,507	
*	Schwab Managed Retirement 2020	Common Collective Trust Fund	123,667	**	2,106,047	
*	Schwab Managed Retirement 2025	Common Collective Trust Fund	80,972	**	790,286	
*	Schwab Managed Retirement 2030	Common Collective Trust Fund	99,381	**	1,726,246	
*	Schwab Managed Retirement 2035	Common Collective Trust Fund	98,304	**	915,206	
*	Schwab Managed Retirement 2040	Common Collective Trust Fund	51,329	**	884,906	
*	Schwab Managed Retirement 2045	Common Collective Trust Fund	66,361	**	579,332	
*	Schwab Managed Retirement 2050	Common Collective Trust Fund	51,381	**	455,240	
*	Schwab Managed Retirement Inc	Common Collective Trust Fund	19,850	**	263,210	
*	Schwab Stable Value Fund Select	Guaranteed Income Fund	294,635	**	5,959,886	***
	American Beacon Large Cap Value Fund	Registered Investment Company	105,809	**	1,866,467	
	American Funds AmCap R3	Registered Investment Company	250,869	**	4,656,123	
	Artisan Mid-Cap Fund	Registered Investment Company	80,122	**	1,578,396	
	Columbia Small Cap Growth Z	Registered Investment Company	31,094	**	843,879	
	Columbia Small Cap Value A	Registered Investment Company	7,330	**	286,672	
	Europacific Growth R3	Registered Investment Company	69,768	**	2,408,381	
	Fidelity Balanced Fund	Registered Investment Company	183,095	**	3,330,504	
	Pimco Total Return- Admin Class	Registered Investment Company	401,310	**	4,362,243	
*	Schwab S&P 500 Index Select	Registered Investment Company	102,800	**	2,011,789	
	SSGA Emerging Markets FD	Registered Investment Company	46,532	**	837,103	
	T Rowe Price Mid Cap Growth AD	Registered Investment Company	29,125		1,506,323	
	Third Avenue Real Estate Value	Registered Investment Company	15,427	**	313,160	
*	Notes receivable from participants (1)	Various loan rates range from 4.25% to 8.75% per annum, maturities ranging from 6 months to 10 years	N/A	**	1,496,358	
					$ 40,415,322	

* Indicates a party-in-interest to the Plan
** Cost information omitted due to participant-directed funds
*** Represents fair value of the Schwab Stable Value Select Fund; contract value at December 31, 2011 is $5,919,045.

(1) FASB issued ASU 2010-25 does not consider notes receivable from participants to be investments whereas the Form 5500 requires that notes receivable from participants be listed as investments

The above information, except for information relating to the State of Israel Bonds, has been certified by Charles Schwab Trust Company, the Trustee of the Plan, as complete an accurate.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: PERRY ELLIS INTERNATIONAL, INC.
NAME OF PLAN: PERRY ELLIS INTERNATIONAL, INC. 401(K) PLAN
EIN: 13-2963077
PLAN NUMBER: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans, 4.25 % - 8.75 %		1,496,358
*	SCHWAB STABLE VALUE FUND	Common Collective Trust Fund		5,959,886
*	SCHWAB MANAGED RETIREMENT 2010	Common Collective Trust Fund		488,910
*	SCHWAB MANAGED RETIREMENT 2015	Common Collective Trust Fund		703,507
*	SCHWAB MANAGED RETIREMENT 2020	Common Collective Trust Fund		2,106,047
*	SCHWAB MANAGED RETIREMENT 2025	Common Collective Trust Fund		790,286
*	SCHWAB MANAGED RETIREMENT 2030	Common Collective Trust Fund		1,726,246
*	SCHWAB MANAGED RETIREMENT 2035	Common Collective Trust Fund		915,206
*	SCHWAB MANAGED RETIREMENT 2040	Common Collective Trust Fund		884,906
*	SCHWAB MANAGED RETIREMENT 2045	Common Collective Trust Fund		579,332
*	SCHWAB MANAGED RETIREMENT 2050	Common Collective Trust Fund		455,240
*	SCHWAB MANAGED RETIREMENT INC	Common Collective Trust Fund		263,210
	AMERICAN BEACON LGCAP VAL INV	Registered Investment Company		1,866,467
	AMERICAN FUNDS AMCAP R3	Registered Investment Company		4,656,123
	ARTISAN MIDCAP VALUE FUND	Registered Investment Company		1,578,396
	COLUMBIA SMALL CAP GROWTH Z	Registered Investment Company		843,879
	COLUMBIA SMALL CAP VALUE A	Registered Investment Company		286,672
	EUROPACIFIC GROWTH R3	Registered Investment Company		2,408,381
	FIDELITY BALANCED FUND	Registered Investment Company		3,330,504
	PIMCO TOTAL RETURN-ADMIN CLASS	Registered Investment Company		4,362,243
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		2,011,789
	SSGA EMERGING MARKETS FD	Registered Investment Company		837,103
	T ROWE PRICE MID CAP GROWTH AD	Registered Investment Company		1,506,323
	THIRD AVENUE REAL ESTATE VALUE	Registered Investment Company		313,160

PERRY ELLIS INTERNATIONAL, INC. 401(K) PLAN
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2011

EIN: 13-2963077
Plan Number: 002

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.25% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.60% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Columbia	93-0577450	Range of 0.40 - 0.50% of average daily balance of assets
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
State Street Global Advisors.	42-1704580	Rate of 0.30% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.40% of average daily balance of asset(s)
Third Avenue	01-0690900	Rate of 0.40% of average daily balance of asset(s)

Received by Charles Schwab Bank (EIN#42-1558009)

Fund Family/Provider	EIN	Formula
Fidelity Investments	06-1194217	Rate of 0.25% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.44% of average daily balance of asset(s)