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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

B This return/report is:	O1/01/2011 and ending 12/31/2011 and ending 12/31/2011 a multiple-employer plan (not multiemployer) a one-participant plan the final return/report the final return/report (less than 12 months) automatic extension DFVC program DFVC prog	P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.			
A This return/report is for:	a multiple-employer plan (not multiemployer)								
B This return/report is:	the final return/report port a short plan year return/report (less than 12 months) automatic extension DFVC program ter description) seted information DFVC program DFVC program	For	_	1	and ending 12	2/31/20	011		
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan YALE TROUSER CORP. RETIREMENT PLAN & TRUST 1b Three-digit plan number (PN) 1c Effective date of plan YALE TROUSER CORP. RETIREMENT PLAN & TRUST 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) YALE TROUSER CORP. 2b Employer Identificating (PN) 1c Employer Identificating (PN) 2c Employer Identificating (PN) YALE TROUSER CORP. 2d Business code (see 1) 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 2d Business code (see 1) 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 36 Administrator's name and address (if same as plan sponsor, enter "Same") YALE TROUSER CORP. 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 36 Administrator's telephone 360-20-07(** 36 Administrator's telephone 360-20-07(** 36 Very 11572 37 Administrator's telephone 38 Ponsor's relaphone 38 Ponsor's relaphone 39 Administrator's telephone 360-20-07(** 36 Very 11572 30 Administrator's telephone 360-20-07(** 36 Administrator's telephone 360-20-07(** 36 Very 11572 37 Administrator's telephone 360-20-07(** 36 Ver	automatic extension DFVC program		This return/report is:	the final r	eturn/report	ntho)	a one-particip	ant plan	
1a Name of plan Three-digit plan number PLAN & TRUST	1b Three-digit plan number (PN) 003 1c Effective date of plan 11/01/1982 2b Employer Identification Number (EIN) 13-5560180 2c Sponsor's telephone number 516-255-0700 2d Business code (see instructions) 315220 3d Administrator's EIN 13-5560180 3c Administrator's telephone number 516-255-0700 3d Administrator's telephone number 516-255-0700 3d Administrator's telephone number 516-255-0700 3d Administrator's telephone number 516-255-0700 4d EIN 4c PN 5a 5b 5c 5b 5c sted in eligible assets? (See instructions.) Yes No No No No No No No N	C	Check box if filing under:	automatio	, ,	[DFVC progra	m	
Plan number	plan number (PN)	Pa	rt II Basic Plan Information—enter all requested information	ation					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) YALE TROUSER CORP. 2b Employer Identification: (EIN) 13-556018 2c Sponsor's telephone 516-255-070 2d Business code (see in 315220) 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") YALE TROUSER CORP. 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 3b Administrator's Inland Administrator's Inland Plan Plan Plan Plan Plan Plan Plan Plan	the number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 13-5560180 2c Sponsor's telephone number 516-255-0700 2d Business code (see instructions) 315220 3b Administrator's EIN 13-5560180 3c Administrator's EIN 13-5560180 3c Administrator's telephone number 516-255-0700 4b EIN 4c PN 1 year						plan number (PN) ▶		
Section Sect	Since the last return/report filed for this plan, enter the export. Same	2a YALE	Plan sponsor's name and address; include room or suite number (er TROUSER CORP.	mployer, if	for a single-employer plan)	2b 1	11/01/ Employer Identif	1982 ication Num	nber
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") YALE TROUSER CORP. 3670-06 WEST OCEANSIDE ROAD OCEANSIDE, NY 11572 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 5a Total number of participants at the beginning of the plan year. b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Y a Total plan assets (subtract line 7b from line 7a). 7c 694923 b Total plan liabilities. 7a 694923 5 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	315220						516-255	5-0700	
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 4c PN 5a Total number of participants at the beginning of the plan year	3c Administrator's telephone number 516-255-0700 d since the last return/report filed for this plan, enter the eport. 4b EIN 4c PN 5a 5b end of the plan year (defined benefit plans do not sted in eligible assets? (See instructions.) X Yes No not report of an independent qualified public accountant (IQPA) er eligibility and conditions.) X Yes No not report of an independent qualified public accountant (IQPA) er eligibility and conditions.) X Yes No not report of an independent qualified public accountant (IQPA) er eligibility and conditions.) X Yes No not report of an independent qualified public accountant (IQPA)	3a	Plan administrator's name and address (if same as plan sponsor, er				31522 Administrator's E	0 EIN	
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	## Ac PN 1					3c /	Administrator's t	elephone ni	umber
Total number of participants at the beginning of the plan year	Sa Sb Sb Sc Sc Sc Sc Sc Sc	-	name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the				
b Total number of participants at the end of the plan year	sted in eligible assets? (See instructions.) Sc Sted in eligible assets? (See instructions.) Sted in eligible assets? (See instructions.) See and report of an independent qualified public accountant (IQPA) See eligibility and conditions.) See annot use Form 5500-SF and must instead use Form 5500. (a) Beginning of Year								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	te end of the plan year (defined benefit plans do not sted in eligible assets? (See instructions.) Yes No not report of an independent qualified public accountant (IQPA) Yes No not use Form 5500-SF and must instead use Form 5500. (a) Beginning of Year (b) End of Year				<u> </u>				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not				(
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Y a Total plan assets 7a 694923 b Total plan liabilities 7b from line 7a) 7c 694923 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)	(a) Beginning of Year (b) End of Year 7a 694923 192216 7b 7c 694923 192216 (a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	_	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and conditi	ndent qualified public accountant (IQP ons.)	'A)		□	
a Total plan assets	7a 694923 192216 7b 7c 694923 192216 (a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	Pa							
a Total plan assets	7a 694923 192216 7b 7c 694923 192216 (a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
b Total plan liabilities	7b 7c 694923 192216 (a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	а	Total plan assets	7a	`				16
C Net plan assets (subtract line 7b from line 7a)	7c 694923 192216 (a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	b	•						
8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	(a) Amount (b) Total 8a(1) 8a(2) 8a(3) 8b -128070	С			694923			1922	16
a Contributions received or receivable from: 8a(1) (1) Employers	8a(1) 8a(2) 8a(3) 8b -128070	8	·	-	(a) Amount		(b) T	otal	
(3) Others (including rollovers)	8a(3) 8b -128070	_	Contributions received or receivable from:	8a(1)	(2) /		(4)		
	8b -128070		(2) Participants	8a(2)		_			
100070	40070		(3) Others (including rollovers)	8a(3)					
b Other income (loss)	400070	b	Other income (loss)	8b	-128070				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c -128070	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-1280	70
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			to provide benefits)		374487				
Certain deemed and/or corrective distributions (see instructions) 8e			· · · · · · · · · · · · · · · · · · ·		450				
f Administrative service providers (salaries, fees, commissions) 8f 150	150	t	, , , , , , , , , , , , , , , , , , , ,		150				
		g	Other expenses	. 8g					
<u> </u>	8g	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					
<u> </u>	8g 8h 374637	į	Net income (loss) (subtract line 8h from line 8c)					-5027	07
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h 374637 8i -502707	j	Transfers to (from) the plan (see instructions)	8j					
VI	ssions) 8f 150		, , , , , , , , , , , , , , , , , , , ,						
Of Other expenses	331013/		·					3746	37
<u> </u>	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 374637	1	, , ,					-5027	UI .
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h 374637 8i -502707	j	ransfers to (from) the plan (see instructions)	8j					

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Part IV	Plan	Characte	ristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2H 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	1	٩mo	unt		
а	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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е	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					
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.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
İ	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							
art	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X No)
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?		Yes	X No)
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver								
	Enter the minimum required contribution for this plan year		Г	12b					_
	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A	_
Part								1	_
	Has a resolution to terminate the plan been adopted in any plan year?			Пү	es X No)			_
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a						_
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol					_
	of the PBGC?						Yes	X No)
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ie plai	n(s) to						
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	1	3c(3)	PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establi	shed.				
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/02/2012	MICHAEL ROSENBLOOM
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 5057(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

	Part I Annual Report Identification Informati	On	AIRL THE HISTING	ions to the Form 5	00-SF.	
F	or the calendar plan year 2011 or fiscal plan year beginning		/01/2011	and ending	1	2/31/2011
Д	This return/report is for:			(not multiemployer)		
E	This return/report is: the first return/report	_	l return/report	(not maidemployer)		a one-participant plan
	an amended return/report	=	•			
¢	Check box if filing under: x Form 5558			eport (less than 12 m	onths)	
	special extension (enter desc		tic extension			DFVC program
ī					_	
-	Part II Basic Plan Information enter all requeste a Name of plan	d Information.				
	,				1b	Three-digit
	Yale Trouser Corp. Retirement Plan & Trust	:				plan number (PN) ► 003
						Effective date of plan
2:	Plan sponsor's name and address; include room or suite number Yale Trouser Corp.	er (employer, if	for single-employ	ec plan)		11/01/1982
	Yale Trouser Corp.	(, , . ,	Virigio Siripioy	er plany		Employer Identification Number (EIN) 13-5560160
	3670-06 West Oceanside Road					Plan sponsor's telephone number (516) 255-0700
T7@	Oceanside NV 11570				2d	Business code (see instructions)
	Oceanside NY 11572 Plan administrator's name and address (If same as plan aponso		IL.			315220
	Same	n, enter "Same")		36	Administrator's EIN
					30	Administrator's telephone number
4	If the name and/or FIN of the plan and an and an and an and an and an and an analysis of the plan and an an analysis of the plan and an analysis of the plan analysis of the plan and an analysis of the plan and an analysis of the plan and an analysis of t					
•	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	ne last return/re	part filed for this p	olan, enter the	4b (EIN
<u>a</u> 5a	Sponsor's Name				4c	PN
b	A to the man as being barres at the pedinting of the bigh Aeal.	5a	8			
Č	Total number of participants at the end of the plan year. Number of participants with account balances as of the end of the			• • • • • • •	_5b	7
_	complete this item)				5c	6
бa	where all of the plan's assets buring the plan year invested in elig	ible assets? (S	se instructions \		, , .	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)	në an indononde	ent qualified public	c accountant (IQPA)		
****	If you answered "No" to either 6a or 6b, the plan cannot use	y and condition Form 5500-SF	S.)	d uso 50 5500	• • •	XYes No
Pa	rt III Financial Information		and most misted	d dae Form 5500.		
7	Plan Assets and Liabilities	9 (10) 11 (20) 12 (10) 12 (10) 12 (10) 12 (10) 12 (10)	(a) Bec	Inning of Year	1	(b) End of Year
а	Total plan assets	7a	1	694,923	+-	· · · · · · · · · · · · · · · · · · ·
b	Total plan liabilities	7b				192,216
<u>¢</u>	Net plan assets (subtract line 7b from line 7a)	7c		694,923		192,216
8 a	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a)	Amount		(b) Total
ۖ	Contributions received or receivable from: (1) Employers	8a(1)			6:	
	(2) Participants	8a(2)			┥	
	(3) Others (including rollovers).	8a(3)	1		Ⅎ	
Ь	Other Income (loss)	8b		(128,070)	†	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	43.9 1.91] - \$\left(- \delta \)	-	(128,070)
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ا م	<u> </u>	274 405		
	Certain deamed and/or corrective distributions (see instructions)	8d		374,487	- [
	Administrative service providers (salaries, fees, commissions) .	8f		150	-	
	Other expenses ,	8g		200	-	
h	Total expanses (add lines 6d, 6e, 8f, and 8g)	8h			1	374,637
ì	Net income (loss) (subtract line 8h from line 8c)	81				(502,707)
	Transfers to (from) the plan (see instructions) ,	8)	Δ.		1000	
	HOROBUSEV DAKUMBA RAK MAKAA JAMBA					

Form 5500-SF 2011 Page 2-Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2R 3D If the plan provides welfare benefits, onter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions 10 During the plan year: Yes No Amount Was there a fallure 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) Х 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 106 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? X 10d Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See x 10e Has the plan failed to provide any benefit when due under the plan? . . . x 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.) . X 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR х 10h 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 . . . Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Day_____Year Enter the minimum required contribution for this plan year 12b Enter the amount contributed by the employer to the plan for this plan year . . . 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d negative amount) 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? JN٥ □N/A Part VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? X No 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 beneficiarles, transferred to another plan, or brought under the control Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Inder 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 \$B 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 Gary Bloom HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of Individual signing as employer or plan sponsor