## 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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calend	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012							
A This re	turn/report is for: a single-employer plan a	multiple-employer pl	an (not multiemployer)	mployer) a one-participant plan				
<b>B</b> This ref	turn/report is: the first return/report th	e final return/report						
	an amended return/report as	short plan year retur	n/report (less than 12 n	months)				
C Check box if filing under: Form 5558 automatic extension					rogram			
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	on		1				
1a Name	of plan E RETIREMENT PLAN			<b>1b</b> Three-digit plan number	ar.			
LAWKENCE	RETIREMENT PLAN			(PN) ▶	002			
				1c Effective da	ate of plan			
				0	1/01/1963			
2a Plan s LAWRENCE	ponsor's name and address; include room or suite number (emp E CHILDRENS UNDERWEAR CO., INC.	ployer, if for a single-	employer plan)	' '	dentification Number 3-5669978			
112 WEST 3	34TH STREET			<b>2c</b> Sponsor's telephone number 212-947-8900				
NEW YORK				2d Business code (see instruction				
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	<b>3b</b> Administrat	15230 or's EIN			
		ш						
				<b>3c</b> Administrat	or's telephone number			
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b EIN				
	e, EIN, and the plan number from the last return/report.			4c PN				
	number of participants at the beginning of the plan year			<u> </u>	18			
<b>b</b> Total	number of participants at the end of the plan year			<b>—</b>	17			
<b>C</b> Numb	per of participants with account balances as of the end of the plan	n year (defined bene	efit plans do not					
	lete this item)				17			
	e all of the plan's assets during the plan year invested in eligible				X Yes No			
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No			
	ı answered "No" to either line 6a or line 6b, the plan cannot				··			
Caution: A	A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable ca	ause is established	l.			
SB or Sche	alties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	06/03/2013	LEONARD BERNST	EIN				
HERE	Signature of plan administrator	Date	Enter name of indivi	dual signing as plar	administrator			
SIGN HERE								
	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date			ployer or plan sponsor			
rieparer s	name (including initi name, il applicable) and address; include r	oom or suite numbe	ι (υριισπαι)	Freparer's telepr	none number (optional)			
I								

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities	(a) Basissing of Va		ar I			(b) End of Year				
<u>'</u> а	Total plan assets	7a	(a) Beginning of Yea			14727644					
	Total plan liabilities	7a 7b	1414041	0		1712104				+	
	Net plan assets (subtract line 7b from line 7a)	76 7c	1414341					1/17	2764/	1	
8	· · · · · · · · · · · · · · · · · · ·	70					(b) Ta	14727644			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	141353	89							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						141	3539	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	76351	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	6579	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						82	29308	8	
i	Net income (loss) (subtract line 8h from line 8c)	8i						58	84231	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	•				Yes	No		۸	4		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withir	n the time period described in	I	163	140	<u>'</u>	Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					500	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				000	<del>,,,,,</del>
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					15	5240
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	,			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
112											
12											
12						110					
a	(If "Yes," complete line 12a or lines 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										
If	granting the waiver			IUI		Day		Year			
	304 00 inploted into 124, complete lines 3, 3, and 10 of Schedule	~ <i></i> (1 OII	voovj, and only to line 13.								
	Enter the minimum required contribution for this plan year					12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	t Identification Information						
For calendar plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	12/31/2012			
A This return/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan			
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 mo	onths)			
C Check box if filing under:	DFVC program						
<u> </u>							
Part II Basic Plan Inf	ormation—enter all requested info	ormation					
1a Name of plan				1b Three-digit			
LAWRENCE RETIREMENT	T PLAN			plan number	2		
				(PN) /			
				1c Effective date of pla 01/01/1963	an 		
2a Plan sponsor's name and a	ddress; include room or suite number	r (employer, if for a single-	employer plan)	<b>2b</b> Employer Identifica			
LAWRENCE CHILDRENS	UNDERWEAR CO., INC.			(EIN) 13 - 56699			
112 WEST 34TH STREE	zm			<b>2c</b> Sponsor's telephor 212-947-8900			
TIS MEDI DAIN DIKE				2d Business code (see			
NEW YORK	NY 10001			315230			
3a Plan administrator's name a	and address XSame as Plan Sponso	or Name XSame as Plan	Sponsor Address	<b>3b</b> Administrator's EIN			
				3c Administrator's tele	phone number		
	he plan sponsor has changed since the	he last return/report filed fo	or this plan, enter the	4b EIN			
name, EIN, and the plan n	he plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN 4c PN			
name, EIN, and the plan no a Sponsor's name				_	18		
name, EIN, and the plan name, Sponsor's name  5a Total number of participant	umber from the last return/report.			4c PN	18		
name, EIN, and the plan n a Sponsor's name  5a Total number of participant b Total number of participant c Number of participants with	umber from the last return/report.  Is at the beginning of the plan year  Is at the end of the plan year  In account balances as of the end of the	he plan year (defined bene	fit plans do not	4c PN 5a 5b	17		
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Form 5500-SF 2012 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
a	Total plan assets	7a		4341	.3		(5) = 115 01		727	7644
	Total plan liabilities	7b			0					
	Net plan assets (subtract line 7b from line 7a)	7c	141	4341	3			14	727	7644
8		76		1011			(ls) Ta4		. , _ ,	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
а	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	14	1353	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+			-	413	3539
	Benefits paid (including direct rollovers and insurance premiums	OC							. 113	,555
u	to provide benefits)	8d	7	6351	.3					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6579	5					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+				829	9308
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i			+					1231
÷	Transfers to (from) the plan (see instructions)								501	.251
		8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic C	odes in	the instruction	ns:		
b	2E 3H 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Co	des in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Α	mount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				500	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		Х				
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service or other organization that provides some or all of					X				
	instructions.)			10e		Λ				
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				15	5240
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Dowl		1-3		101						
Part	Is this a defined benefit plan subject to minimum funding requirem							Пу		No
	5500) and line 11a below)							Ye	o	No
	Enter the amount from Schedule SB line 39									
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   X   No					No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	<b>a</b> 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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?	ne control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to			
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b	Γrust's EIN		