## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009		
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	t plan	
В -	B This return/report is for: ☐ first return/report ☐ final return/report					_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	C Check box if filing under: Form 5558 automatic extension					DFVC program	n	
		special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation					
1a	Name of plan	·			1b	Three-digit		
FERF	RO 400 CORPORATION PROF	FIT SHARING PLAN				plan number	001	
					_	(PN) <b>•</b>		
					1c	Effective date of 01/01/19		
2a	Plan enoneor's name and add	ress (employer, if for single-employer	r nlan)		2h	Employer Identifi		ımher
	RO 400 CORPORATION	ress (employer, ir for single-employer	ι ριατι)		20	(EIN) 06-1353		IIIDEI
					2c Plan sponsor's telephone number			
	ELAINE COURT					516-587		
DAD	/LON, NY 11702				2d	Business code (s	ee instru	ctions)
3a	Plan administrator's name and	I address (if same as Plan sponsor, e	enter "Same	<del>)</del> ")	3b	Administrator's E	IN	
	RO 400 CORPORATION	9 AVELAINE	COURT	,		06-1353		
		BABYLON, I	NY 11702		<b>3c</b> Administrator's telephone numb 516-587-6645			
<b>4</b> II	the name and/or FIN of the pl	an sponsor has changed since the la	ıst return/re	port filed for this plan, enter the	4h	EIN	-0043	
		er from the last return/report. Sponso		per med tel time plan, emel tile				
						PN		
5a	5a Total number of participants at the beginning of the plan year			5a			2	
b	• •	t the end of the plan year			5b			2
С		vith account balances as of the end o			5c			2
6a	, ,	during the plan year invested in eligit				 	X Yes	П
		he annual examination and report of						_
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)			X Yes	S No
		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III   Financial Inform	ation		T	1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	351878	3			472836
b	•							
<u>C</u>		7b from line 7a)	. 7с	351878	3			472836
8	Income, Expenses, and Trans			(a) Amount		(b) To	otal	
а	Contributions received or received (1) Employers	eivable from:	8a(1)					
	• • • •			12500	)			
		3)		.2000				
b	, ,			108458	3			
C	` ,	8a(2), 8a(3), and 8b)		.55.155				120958
d		rollovers and insurance premiums						
	1 \		8d					
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		4			
f	Administrative service provide	ers (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					0
į		e 8h from line 8c)						120958
j	Transfers to (from) the plan (s	ee instructions)	. 8i					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2F

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

	0	plant promote memale solution, other the approache memale real			0.01.0					
art	٧	Compliance Questions								
0	Duri	ng the plan year:				Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?						X			
d		he plan have a loss, whether or not reimbursed by the plan's fidelishonesty?			10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	e benefits under the	e plan? (See	10e	Х			15	589
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
h		s is an individual account plan, was there a blackout period? (See			10h					
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements'							Yes X	No
2		is a defined contribution plan subject to the minimum funding requ							Yes X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а		vaiver of the minimum funding standard for a prior year is being an								
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB			h		Day		Year	-
		the minimum required contribution for this plan year					12b			
		r the amount contributed by the employer to the plan for this plan					12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left o	of a		12d			
е	-	he minimum funding amount reported on line 12d be met by the fu				_		Yes	No N	l/A
art		Plan Terminations and Transfers of Assets	<u> </u>							
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					Yes X	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
b	Were	e all the plan assets distributed to participants or beneficiaries, trar	nsferred to another				ontrol	I.	Yes X	No
С	If du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)		plan(s), identify th	e pla	n(s) to				
1		Name of plan(s):				13	c(2) EI	N(s)	13c(3) PN(	(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	e cau	se is	establ	ished.		
SB o	Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
	Fil	<u> </u>	09/17/2010	STEVEN GREENI	BAUN	<u>/</u> /				
SIGI	V	<u> </u>								

SIGN	Filed with authorized/valid electronic signature.	09/17/2010	STEVEN GREENBAUM					
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

Employee Benefits Security Administration

## 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 Relirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

This Form is Open to Public

OMB Nos. 1210-0110

Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 12/31/2009 and ending single-employer plan A This return/report is for: mulliple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit FERRO 400 CORPORATION PROFIT SHARING PLAN plan number (PN) > 001 Effective date of plan 01/01/1993 2a Plan sponsor's name and address (employer, if for single-employer plan) FERRO 400 CORPORATION 2b Employer Identification Number (EIN) 06-1353735 Plan sponsor's telephone number 9 AVELAINE COURT (516)587-6645 Business code (see instructions) BABYLON NY 11702 541519 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c 5a Total number of participants at the beginning of the plan year..... 5a 2 b Total number of participants at the end of the plan year..... 5b 2 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No 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.)..... X Yes No 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 7a 351,878 472,836 Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a)..... 7c 351,878 472,836 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) 12,500 (3) Others (including rollovers)..... 8a(3) Other Income (loss)..... 8b 108,458 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c 120,958 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8ď Certain deemed and/or corrective distributions (see instructions)... 80 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8q Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 0 Net income (loss) (subtract line 8h from line 8c)..... 120,958

Transfers to (from) the plan (see instructions).....

_		
Form	5500-SF	2000
	2200-05	ZU113

-	-	
Page	Z-1	

Pa	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2H 2F 3D								
þ	2E 2H 2F 3D  If the plan provides welfare benefits, enter the applicable welfare.	fa_1:	THE LIST OF FIGHT CHA	racter	ISUC Co	odes i	n the instr	uctions:	
Γ	If the plan provides welfare benefits, enter the applicable welfare	realure codes from	the List of Plan Char	acteris	stic Co	des in	the instru	actions:	
Par	Compliance Questions				<del></del> -				
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Yes	No	Ţ		
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in						<del> </del>	Amount	
b									
	on line 10a.)								
¢	C vvas the plan covered by a fidelity hand?								
đ	Did the plan have a loss, whether or not reimburged by the stantage	End-Me . 1		10c		X	ļ		
е	Were any fees or commissions hald to any brokers, agents, each		***************************************	10d		Х			
	instructions.)	f the benefits under	the plan? (See	10e	x				
f	Has the plan failed to provide any benefit when due under the plan	17			<del>^</del>		ļ		1,589
g	Did the plan have any participant loans? (If "Yes," enter amount as	of veer and \	*	10f		X			
h	If this is an individual account plan, was there a blockout periods of	3 11		10g		х			
i				10h			* *	* : : : : : : : : : : : : : : : : : : :	
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-								<del> </del>
Part	VI Pension Funding Compliance	·3	***************************************	101		]			
11	Is this a defined benefit plan subject to minimum funding societies.	nte2 /If "Vac " coo l							
								Yes	X No
12	and a defined definibation plan subject to the minimum funding re	equirements of soci	ion 412 of the Code	07.990	tion 30	2 of E	DICAG	Yes	- <del></del>
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	ble.)		01 300	11011 30	2 01 6	KISAY		X No
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this p	lan year, see instruct	lions, a	and en	ler the	date of t	he letter ru	lina
lf y	granting the waiver	MR (Form 5500) -	Monti	h		Day _		Year	
b	Enter the minimum required contribution for this plan year	(, 0,,,, 0,000), a	nd skip to fine 13.		Г	2b			
•	Einer the alliquit contributed by the amployer to the plan for this all				·   -	20 2c		·	
	Will the minimum funding amount reported on line 12d be met by the					2d		<del></del>	
Part \	/II Plan Terminations and Transfers of Assets	randing deadimer.	***************************************	*********	••••••	,.	Yes	No	N/A
13a	rias a resolution to terminate the plan been adopted during the plan	Vear or any prior ve	10r2					<del></del>	
	I "Yes," enler the amount of any plan assets that revoked to the and			********	4			Yes	X No
						3a		<del></del>	<del></del>
C	f during this plan year, any assets or liabilities were transferred from	this plan to anothe	r plan(s), identify the	plant				Yes	X No
	which assets or liabilities were transferred. (See instructions,) c(1) Name of plan(s):					·			
	- Franksh				13c(2	) EIN(	(s)	13c(3)	PN(s)
				<del></del>				<del> </del>	<del></del>
Cautio	n: A penalty for the late or incomplete filling of this return/								
Under	n: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions. I	declare that I have	unless reasonable	cause	is est	ablisi	ned.		
SB or to belief.	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and								
	and to the dest of my knowledge and								
SIGN	Slovens		DEAN FERROGA	RI					
ļ	Date 9-17-/d Enter name of individual signing as plan administrator								
SIGN	1 /a /m	19	DEAN FERROGA	RI		<u>, 1</u>	waitiff	oliator	
	Signature of employed plan sponsor	Date ( -)7-/0	Enter name of indiv		sianina	ac or	nnlovor -	r nlan	
	V / /				- wining	23 CI	inhioxet of	pian spon	sor