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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
A	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	▼ Form 5558	automatic	extension		DFVC progra	am	
	oncok box ii iiiiig under.	special extension (enter description	Į.					
Dr	ert II Basic Blan Infor	mation—enter all requested inform						
	Irt II Basic Plan Information Name of plan	mation—enter all requested inform	ation		1h	Three-digit		-
	TA METAL PRODUCTS, INC. 4	.01(K) PLAN			ID	plan number		
	7, 112, 11, 12, 11, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13					(PN) ▶	001	
					1c	Effective date of		
						01/01/2	2002	
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi		mber
DEL	TA METAL PRODUCTS, INC.				20	(EIN) 11-306 Plan sponsor's		numbor
476 F	FLUSHING AVENUE				20	718-85		lullibei
	OKLYN, NY 11205				2d	Business code	(see instru	ctions)
						331200		
	Plan administrator's name and TA METAL PRODUCTS, INC.	address (if same as Plan sponsor, e			3b	Administrator's 11-306		
DLL	A METALT RODOCTO, INC.	BROOKLYN			30	Administrator's		numher
)	718-85	•	Hamber
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		40	PN		
5a	Total number of participants a	t the beginning of the plan year			5a	TIN		
_				;				11
		t the end of the plan year			5b			5
С		rith account balances as of the end o		The state of the s	5c			5
6a	•	during the plan year invested in eligib					X Yes	s No
		he annual examination and report of						
	under 29 CFR 2520.104-46?	See instructions on waiver eligibility	and conditi	ons.)			X Yes	s No
D-		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Inform	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
	Total plan assets		. 7a	606067				57837
b	'			0				0
	•	7b from line 7a)	. 7с	606067				57837
8	Income, Expenses, and Trans			(a) Amount		(b)	Total	
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1))			
			1	32131				
		s)	1	02.00	┪			
b	, ,		1	23470				
C	` ,	8a(2), 8a(3), and 8b)		2017				55601
d	, , , ,	rollovers and insurance premiums	. 60					00001
-	. `		. 8d	603831				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	C				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	C				
g	Other expenses		. 8g	C)			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					603831
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i					-548230
i		ee instructions)		0				

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

SIGN HERE

Signature of employer/plan sponsor

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 2A 2J 2R

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	tne instructi	ons:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				100000
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No
		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	□ .00	□
	•	waiver of the minimum funding standard for a prior year is being am	,	n year, see instruct	tions,	and e	enter th	ne date of th	e letter rul	ing
	-	nting the waiver.			h		Day		Year	
•		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	•		Г	12b			
		er the minimum required contribution for this plan year					12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	_	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets						<u> </u>		
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					X Yes	No
		'es," enter the amount of any plan assets that reverted to the emplo					13a		<u> </u>	0
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Yes	X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to			•	
13	3c(1) Name of plan(s):			13c(2) EIN(s)			13c(3)	PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/05/2010	MARK BEER						
HERE	- Г	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan admii	nistrator	

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 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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

D	art I Annual Report Identification Information						-
CT 201 500	calendar plan year 2009 or fiscal plan year beginning	01/01/2	2009	and ending		12/31/200	9
^	This return/report is for: X single-employer plan] multiple-	emplover	plan (not multiemployer)		ne-participa	int plan
		final retu		F (ш	
В	This return/report is for: first return/report an amended return/report			urn/report (less than 12 mo	nthe)		
0.20	H	,			111115)	П ргус	
С	Check box if filing under:		c extension	on		☐ DFVC progra	ım
	special extension (enter description)	on)					
P	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan				1b	Three-digit	
	Delta Metal Products, Inc. 401(k) Plan					plan number (PN)	001
					10	Effective date o	
						01/01/2003	
2a	Plan sponsor's name and address (employer, if for single-employer Delta Metal Products, Inc.	r plan)			2b	Employer Identi	
	Delta Metal Products, Inc.					(EIN) 11-306	
					2c	Plan sponsor's (718) 855-	telephone number
	476 Flushing Avenue				24		(see instructions)
	Brooklyn			NY 11205	Zu	331200	(see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam	e")		3b	Administrator's	EIN
	Otalic						
					3c	Administrator's	telephone number
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed	for this plan, enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		port med	for this plan, effect the	40	EIIV	
					4c	PN	
	Total number of participants at the beginning of the plan year				5a		13
b	Total number of participants at the end of the plan year				5b		į
С	Total number of participants with account balances as of the end o	f the plan y	ear (defi	ned benefit plans do not			
_	complete this item)				5c		
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See ins	ructions.)			X Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qua	alified public accountant (IC	(PA)		X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and r	nust instead use Form 55	00.		M 163 M
Pa	rt III Financial Information						
7	Plan Assets and Liabilities	The second of the same		a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a		606,06	7	(2) 2	57,837
b	Total plan liabilities			analysis • cause	0		(
С	Net plan assets (subtract line 7b from line 7a)			606,06	7		57,837
8	Income, Expenses, and Transfers for this Plan Year	1-1-1-1		(a) Amount		(b) T	
а	Contributions received or receivable from:						
	(1) Employers	. 8a(1)			0		
	(2) Participants	8a(2)		32,13	1		
	(3) Others (including rollovers)	. 8a(3)			0		
b	Other income (loss)	. 8b		23,47	0		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					55,601
d	Benefits paid (including direct rollovers and insurance premiums			602 02			imi decade d
	to provide benefits)	8d		603,83	-		
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
t	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses	8g		TO MANY THE STATE OF THE PARTY	U		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					603,831
:	Net income (loss) (subtract line 8h from line 8c)	8i	Y (74)		31		(548,230)
J	Transfers to (from) the plan (see instructions)	8i			0		

Signature of employer/plan sponsor

Page 2-	
raye 2	l J

Enter name of individual signing as employer or plan sponsor

Par	t IV	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Char	acteris	stic Co	des in	the instru	ctions:	
	16.41	2E 2F 2G 2A 2J 2R te plan provides welfare benefits, enter the applicable welfare fea	itura andon from tha	List of Plan Chara	octorie	tic Co	dae in 1	he instruc	tions:	
b 	וז זו	le pian provides weitare benefits, enter the applicable wellare lea	nure codes from the	LIST OF PIAIT CHAIR	aciens	iic Co	ues III I			
Part	t V	Compliance Questions								
10		ring the plan year:				Yes	No	<u> </u>	Amou	nt
а	29	as there a failure to transmit to the plan any participant contributio 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducio	ary Correction Progr	am)	10a		х			
b		ere there any nonexempt transactions with any party-in-interest? (line 10a.)			10b		х			
С	W	as the plan covered by a fidelity bond?		••••••	10c	х				100,00
ď		d the plan have a loss, whether or not reimbursed by the plan's fid			10d		х			
е	We	ere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the structions.)	persons by an insur the benefits under th	rance carrier, e plan? (See	10e		Х			
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		х			
g	Die	I the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10a		х			
•	if t	his is an individual account plan, was there a blackout period? (Se	ee instructions and 2	9 CFR	10g		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					
Part		Pension Funding Compliance			1 101	<u> </u>	l		<u> </u>	
11	ls t	his a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see ins	structions and com	plete	Sched	lule SE	(Form	П	∕es ဩ No
12		(his a defined contribution plan subject to the minimum funding re								es X No
	If a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab waiver of the minimum funding standard for a prior year is being nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule N	amortized in this pla	Mon	ıth	, and e	enter th Day	e date of	the lette Year _	r ruling
b	Ent	er the minimum required contribution for this plan year		••••••••	•••••	L	12b			
_		er the amount contributed by the employer to the plan for this plan				<u>L</u>	12c			
d	ne	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)	•••••••••••		••••••	_	12d			
		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	Ha	s a resolution to terminate the plan been adopted during the plan	year or any prior yea	ır?		···· <u></u>			×Υ	es 🛮 No
	If "	es," enter the amount of any plan assets that reverted to the emp	oloyer this year			<u></u>	13a			
b	of t	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?			•••••] Y	es 🛭 No
	wh	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	he plai	n(s) to				
1	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13	c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonabl	lo cau	so is	octobli	ished		
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I ledule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rer	ort. in	cluding	ı. if applic	able, a S knowled	Schedule Ige and
SIGI		// h	9/28/10	Mark Beer						
HER		Signature of plan administrator	Date /	Enter name of in	ndividu	al sigr	ning as	plan adm	inistrato	r
SIGI HER		Signature of employer/plan sponsor	Date	Enter name of in	alle t 4	-1 - '	·•			· · · · · · · · · · · · · · · · · · ·
			Late	CHIEL Dame of in	ייחועורוו	21747	nuu ae		AL DIOM	FUUDOOL

Date

(Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

OMB No. 1545-0212

Par	t I Identification							
A	Name of filer, plan administrator, or plan sponsor (see instructions) Delta Metal Products, Inc.	B 🗵		ee instruction er (EIN).	18).			
	Number, street, and room or sulte no. (If a P.O. box, see instructions)		11-30	63564				
	476 Flushing Avenue City or town, state, and ZIP code		Social	security	number (SSN)			
	Brooklyn NY 11205							
c	Plan name		Plan		Plan	year endin	g—	
U	- Idil Hallio		number			MM DD Y		
1	Delta Metal Products, Inc. 401(k) Plan	.0	0	1	12	31	2009	
2								
3								
Par	t II Extension of Time to File Form 5500 or Form 5500-E	Z (see in	struc	tions)				
1	I request an extension of time until 10 / 15 / 2010 to file	Form 5500	or Fo	orm 55(00-EZ.			
	The application is automatically approved to the date shown on lir normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.							
	You must attach a copy of this Form 5558 to each Form 5500 and 5500	-EZ filed a	fter th	e due d	date for the	plans listed	in C above.	
	. A signature is not required if you are requesting an extension to file Form 5					,		
2	Extension of Time to File Form 5330 (see instructions, request an extension of time until/ to file You may be approved for up to a six (6) month extension to file Form 5330	Form 5330		due dat	te of Form 53	330.		
а	Enter the Code section(s) imposing the tax	. •	a	1				
b	Enter the payment amount attached				•	b		
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the rever State in detail why you need the extension				•	С		
			• • • • • •				• • • • • • • • • • • • • • • • • • • •	
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	•••••	•••••			•••••		• • • • • • • • • • • • • • • • • • • •	
Under author	r penalties of perjury, I declare that to the best of my knowledge and belief, the state rized to prepare this application.	ments made	on this	form ar	e true, correct	, and complete	e, and that I am	
Signa	ature ►		Date	>				