	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit			2009
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of th ode (the Code).		This Form is Open to Public
	ension Benefit Guaranty Corporation			h the instructions to the Form 550	00-SF.	Inspection
Pa	art I Annual Report Id	entification Information				
For	calendar plan year 2009 or fisca		9	and ending	12/31/2	2009
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
B	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report		year return/report (less than 12 mo	onths)	_
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descriptio	-			
		nation—enter all requested information	ation		46	
	Name of plan	INED BENEFIT PENSION PLAN			10	Three-digit plan number
	INDUSTRIAL GROOF ING, DEI	INED DENEITIT ENGIONT EAN				(PN) ▶ 001
					1c	Effective date of plan 01/01/2006
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 32-0045988
	LITTLE NECK PKWY				2c	Plan sponsor's telephone number 516-829-2715
	LE NECK, NY 11362				2d	Business code (see instructions) 425120
	Plan administrator's name and a INDUSTRIAL GROUP INC,	address (if same as Plan sponsor, er 4522 LITTLE			3b	Administrator's EIN 32-0045988
		LITTLE NECI	K, NY 1130	62	3c	Administrator's telephone number 516-829-2715
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	PN
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
С		th account balances as of the end of			5c	
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No
b		e annual examination and report of a				X Yes No
	•	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	7871	9	158742
b	Total plan liabilities		7b		0	0
C	Net plan assets (subtract line 7	b from line 7a)	7c	7871	9	158742
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	vable from:	8a(1)	5871	8	
			8a(2)		0	
					0	
b	Other income (loss)		8b	5066	4	
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c			109382
d	· · · · ·	ollovers and insurance premiums	84		0	
е	· ,	ve distributions (see instructions)	8d 8e		0	
f		s (salaries, fees, commissions)			0	
g	•			2935	-	
h	•	3e, 8f, and 8g)				29359
i		8h from line 8c)				80023
j	Transfers to (from) the plan (se	e instructions)	8j		0	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
- **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		Amou	Int	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 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		Х				
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	L			
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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					. X	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction 3	302 of E	ERISA?.	. 🗌 '	Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver.						er ruling	·
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	-					
b	Enter the minimum required contribution for this plan year			12b				
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 le 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 during the plan year or any prior 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 brough of the PBGC?	nt under	the co				Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13	8 c(3) PI	N(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	ible cau	ise is	establi	ished.			

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2010	QIWU
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2010	QI WU
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	SCH	IEDULE SB	Single-Emp	olover	Define	d Ben	efit Plan		OME	3 No. 1210-0110	
		orm 5500)			Inform			-		2000	_
		tment of the Treasury nal Revenue Service								2009	
	De	partment of Labor	This schedule is requi Retirement Income Sec					e -	This Form	n is Open to Public	—
E		nefits Security Administration nefit Guaranty Corporation			ue Code (th					Inspection	
-			File as an	attachme 01/2009	nt to Form	5500 or 5		- 12/2	1/2009		
		plan year 2009 or fiscal p		01/2009			and endin	g 12/3	1/2009		
		f amounts to nearest do A penalty of \$1 000 will b	e assessed for late filing of t	this report i	inless reaso	nable ca	use is established	l			
-	lame of p						B Three-digit				
WW	INDUST	RIAL GROUP INC, DEFIN	NED BENEFIT PENSION PI	_AN			plan numbe		•	001	
								, ,			
C F	lan soon	cor's name as shown on li	ne 2a of Form 5500 or 5500				D Employer Id	ontificat		(EINI)	
		RIAL GROUP INC,		-01			1	entinea			
							32-0045988				
Εт	ype of pla	n: 🛛 Single 🗌 Multiple	e-A Multiple-B	F F	Prior year pla	in size: 🗙	100 or fewer	101-5	00 🗌 More	than 500	
Pa	rt I E	Basic Information									
1	Enter th	e valuation date:	Month <u>01</u> Da	iy <u>01</u>	Year 2	009	_				
2	Assets:										
	a Ma	rket value						2a			719
	b Act	uarial value						2b		78	719
3	0	target/participant count b			2-	(1) N	umber of participa		(2)	Funding Target	
	-		peneficiaries receiving paym		3a 3b			0			0
			ipants		30			0			
	(1)	active participants:			3c(1)						0
	(1)				3c(2)					142	
	(3)				3c(3)			2		1429	
	d Tot	al			3d			2		1429	907
4	If the pla	an is at-risk, check the bo	x and complete items (a) an	d (b)							
	a Fur	nding target disregarding	prescribed at-risk assumption	ns				4a			
			sk assumptions, but disrega					4b			
5			nsecutive years and disrega		0			5		6.47	0/
6	_							6			70 736
-	<u> </u>	Enrolled Actuary						•			
1	To the best o	f my knowledge, the information s	upplied in this schedule and accompa . In my opinion, each other assumpti	anying schedul	es, statements	and attachm	ents, if any, is complete	and accu	rate. Each presc	ribed assumption was applied	lin
		offer my best estimate of anticipat		on is reasonabl	e (taking into a		xpenence of the plan at	iu reasona	able expectations		», III
S	IGN										
Н	ERE								10/06/2	2010	
-			Signature of actuary						Date		
THE	ODORE A	NDERSEN, M.A.A.A., M							08-02		
		Type SOCIATES	or print name of actuary					Most r	ecent enrolln		
FLIN	SION AS	SOCIATES	F irm						203-356		
		IAIN STREET, SUITE 230	Firm name				I ele	epnone	number (inci	uding area code)	
STAI	MFORD, (CT 06902									
			Address of the firm				-				
	actuary h	as not fully reflected any	regulation or ruling promulg	ated under	the statute	in comple	eting this schedule	, check	the box and	see	
								_			

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefundin	ig balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0		0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0		0
9	Amount remaining (Item 7 minus item 8)	0		0
10	Interest on item 9 using prior year's actual return of%%	0		0
11	Prior year's excess contributions to be added to prefunding balance:			
	a Excess contributions (Item 38 from prior year)			23186
	b Interest on (a) using prior year's effective rate of <u>5.99</u> %			1389
	C Total available at beginning of current plan year to add to prefunding balance			24575
	d Portion of (c) to be added to prefunding balance			24575
12	Reduction in balances due to elections or deemed elections	0		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0		24575
Р	art III Funding percentages			
14	Funding target attainment percentage		14	37.88 %
15			15	37.88 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefun current year's funding requirement		^{ce} 16	30.99 %
17	If the current value of the assets of the plan is less than 70 percent of the funding targ	et, enter such percentage	17	55.08 %
P	art IV Contributions and liquidity shortfalls			
10	Contributions made to the plan for the plan year by employer(s) and employees:			

Contributions made to the plan for the plan year by employer(s) and employees:

(N	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-Y)		(b) Amount p employer		(0	c) Amount paid by employees	У
03	/10/2010	58718	0							
				Totals ►	18(b)		58718	18(c)		
19	Discounted emp	loyer contributions – see ins	tructions for small plan with	a valuation dat	e after th	he beginning of th	e year:			
	a Contributions	allocated toward unpaid min	imum required contribution	from prior year	S		19a			0
	b Contributions	made to avoid restrictions a	djusted to valuation date				19b			0
	C Contributions a	allocated toward minimum req	uired contribution for current y	/ear adjusted to	valuatior	n date	19c			53812
20	Quarterly contrib	outions and liquidity shortfalls	3:							
	a Did the plan h	nave a "funding shortfall" for	he prior year?						Yes 🔉	< No

C If 20a is "Yes," see instructions and complete the following table as applicable:

	Liquidity shortfall as of end	of Quarter of this plan year	
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Page 3

Pa	rt V Assumptions u	used to determine fu	unding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %		N/A, full yield curve used
	b Applicable month (ente	er code)		·	21b	0
22					22	66
	Mortality table(s) (see inst			escribed - separate	Substitute	e
Pa	rt VI Miscellaneous	items				
		in the non-prescribed actu	arial assumptions for the curren			
25	Has a method change been	n made for the current plan	n year? If "Yes," see instruction	s regarding required attac	hment	Yes 🕺 No
26	Is the plan required to prov	vide a Schedule of Active F	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes X No
27		•	ding rules, enter applicable code		27	
Ра			m required contribution			
28	Unpaid minimum required	contribution for all prior yea	ars		28	0
29	Discounted employer contr	ributions allocated toward	unpaid minimum required contri	outions from prior years	29	0
30	. ,		ributions (item 28 minus item 29		30	0
Pa	rt VIII Minimum requ	uired contribution fo	or current year	-	I	
31			uctions)		31	35736
32	Amortization installments:			Outstanding Bala	ance	Installment
	a Net shortfall amortization	n installment			80189	15871
	b Waiver amortization inst	tallment			0	0
33			er the date of the ruling letter gra) and the waived amount .		33	
34	•	• •	/prefunding balances (item 31 +		34	51607
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances used to offset fur	nding requirement		0	0	0
36	Additional cash requiremer	nt (item 34 minus item 35).			36	51607
37		•	ntribution for current year adjust		37	53812
38	Interest-adjusted excess co	ontributions for current yea	ar (see instructions)		38	2206
39			ar (excess, if any, of item 36 ove		39	0
40					40	

	Form 5500-SF	Short Form Annual R	eturn/R Benefit		Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be file			d 4065 of the Employ	ee	2	009
Fm	Department of Labor ployee Benefits Security Administration	Retirement Income Security		(ERISA), and de (the Code)		е	This Form is	s Open to Public
-	Pension Benefit Guaranty Corporation	 Complete all entries in accord 		. ,		00-SF.	Ins	pection.
Ρ	art I Annual Report I	dentification Information						
For	the calendar plan year 2009 or			/2009	and ending	12	/31/2009	
		x single-employer plan	-		ot multiemployer)		one-participar	nt plan
в	This return/report is for:	first return/report	final return	•				
-		an amended return/report	•		ort (less than 12 mont	hs) Г		
С	Check box if filing under:	x Form 5558	automatic o	extension		L	DFVC program	m
	ut II Decis Dien Infen	special extension (enter description)						
	Art II Basic Plan Infor Name of plan	mation enter all requested infor	mation.			1b	Three-digit	
		nc, Defined Benefit Pensi	on Dion				plan number	001
	WW INduscital Gloup I	ne, berined benefit rensi					(PN) ► Effective date of	
							01/01/2006	
2a	Plan sponsor's name and addre WW Industrial Group I	ss (employer, if for single-employer pla	an)				Employer Identif (EIN) 32-004	
	ww industrial Group 1	nc,				-	,	elephone number
	4522 Little Neck Pkwy						(516) 829-2	
US	Little Neck	NY 11362					Business code (: 425120	see instructions)
3a	Plan administrator's name and a Same	address (If same as plan employer, ent	er "Same")			3b .	Administrator's E	EIN
	Same							
						3C	Administrator's t	elephone number
_						<u>.</u>		
4		an sponsor has changed since the last r from the last return. Sponsor's Name	return/repo	rt filed for this p	lan, enter the	4b		
_	· ·					4c	PN	
5a b		he beginning of the plan year • • • • • • • • • • • • • • • • • • •			•••••	5a 5b		2 2
C		h account balances as of the end of the			plans do not			2
60		••••••			• • • • • • •	5c		
6a b		ring the plan year invested in eligible as annual examination and report of an i			c accountant (IQPA)	• • •	• • • •	XYes No
	under 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility and	conditions.)) • • •	• • • • • • •		• • • •	XYes No
		r 6a or 6b, the plan cannot use Form	1 5500-SF a	nd must instea	ad use Form 5500.			
<u>Ра</u> 7	Art III Financial Inform	ation		(a) D	eginning of Year		(b) End	of Vear
' a			. 7a	(d) De	<u> </u>	_	(b) End	
b	Total plan liabilities	• • • • • • • • • • • • •	• 7a 7b		78,719			158,742
С	Net plan assets (subtract line 7b	••••••••••••••••••••••••••••••••••••••	. 7c		78,719			158,742
8	Income, Expenses, and Transfe			(a) Amount		(b)	Γotal
а	Contributions received or receiv				E0 810			
		· · · · · · · · · · · · · ·	• 8a(1) • 8a(2)		58,718			
			• <u>8a(2)</u>		0	_		
b			• 8b		50,664			
ç	Total income(add lines 8a(1), 8a		. 8c					109,382
d		ollovers and insurance premiums						
е	, , , , , , , , , , , , , , , , , , , ,	ve distributions (see instructions)	• 8d • 8e		0			
f		(salaries, fees, commissions)	. 8f		0			
g	•	••••••	• 8g		29,359			
h	Total expenses (add lines 8d, 8	e, 8f, and 8g) ••••••	. 8h					29,359
i		3h from line 8c) • • • • • • •	• 8i					80,023
j	Transfers to (from) the plan (see	e instructions)	. 8j		0			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009) v.092308.1

;

	Form 5500-SF (2009)		⁻ age 2-				
Par			- <u>age x-1</u>				
Both Hilling	the plan provides ponsion benefits, enter the applicable pension feature codes						Ministration and a state of the second state of the second state of the second state of the second state of the
	1Λ (the plan provides welfare benefits, enter the applicable welfare feature codes fr						
Par	M Compliance Questions						
10	During the plan year:	······			Yes No		mount
a	Was there a failure to transmit to the plan any participant contribution within the	tima perin	od desetibed in			1	and and a second se
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Were there any nonexempt transactions with any party-in-interest? (Do not inclu- on line 10a.)	on Program ude transa	n) Ictions reported		×		
_			• • • • •	105			
c d	Was the plan covered by a fidelity bond?	د د د سیست کششا	 	10c	<u>x</u>	ļ. <u></u>	C
	or dishonesty?		, , , , , , ,	104	x		
e	Were any fees or commissions paid to any brokers, egents, or other persons by insurance services or other organization that provides some or all of the benefit instructions.)	s under th	e plan? (See	10e	×		
f	Has the plan failed to provide any benefit when due under the plan?				x		
g	Did the plan have any participant loans? (If "Yas," enter emount as of year end.)				x		
	If this is an individual account plan, was there a blackout period? (See instructio	ns and 29	CFR				
;	2520,101-3.) If 10h was answered "Yes," check the box if you either provided the required no			<u>10h</u>	×		
In a lake to a large state	exceptions to providing the notice applied under 29 CFR 2520.101-3.			101			
Part	Vi Pension Funding Compliance						
11	Is this a defined benefil plan subject to minimum funding requirements? (If "Yes, 5500))		•				X Yes No
a If ye	Is this a defined contribution plan subject to the minimum funding requirements ((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 granting the waiver su completed line 12a, complete (incs 3, 9, and 10 of Schedule MB (Form 50	n this plan 500), and	year, see instructi Mon skip to line 13.	ons, an ith	d enter the Day	date of the l	etter ruling
ь	Enter the minimum required contribution for this plan year	• • •					
d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent negative amount)	ter a minu	s sign to the left of	a	12c 12d		0
	Will the minimum funding amount reported on line 12d bo met by the funding de					Yes	
	II Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted during the plan year or any	prior year	?				Yes XNo
	If "Yes," enter the amount of any plan assots that reverted to the employer this y			• •	. 13a		
	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC? If during this plan year, any assets or ilabilities were transferred from this plan to which assets or ilabilities were transferred. (See instructions.)			• •			Ycs XNo
1:	lc(1)Name of plan(s);				13c(2) E	IN(s)	13c(3) PN(s)
Undor (SB or S	n: A ponalty for the late or incomplete filing of this return/report will be ass penelties of perjury and other peneltics set forth in the instructions, I declare that ichedule MB completed and signed by an chrolicd actuary, as well as the electro	I have ex	amined this return/	report,	including, if	applicable,	a Schedule ledge and
	I la titue, correct and complete.		ann a' Male e	·			
SIGN HER		tivlio	<u>Q1 Wu</u> Entat parma of loc	ik dek en t	olaalaa ee		трац и, и
MARKIN MARKA		u gio	Enter name of Inc	uviqual	ទាំងបាលថ្មី ឌន	pian adminis	u alOF
SIGN HERI		Just	Qa लप Entor name of Ind	กับสุดเมตร	élanina en	system or or	
	Teiðuarena er aurhroððubrigni Shölizer	~/ <i>t/</i> /e		u viuual	<u>ាមពាម</u> ដន	ampigyer or	Mall Shausol

SCHED			Sir	ngle-Emp					lan	_	ОМ	ΒN	lo. 1210-0110	
(Form				Ac	tuaria	l Infor	matior	ו				2	2009	
Department of Internal Reve	nue Service			This schedule i Retirement Incor										
Departmer Employee Benefits Se Pension Benefit Gu	curity Administrati			Inte	ernal Reve	nue Code (the Code).			۲	his For		s Open to Pui spection	blic
				► File as a	n attach	ment to F	orm 5500	or 5500-S	5F.					
For calendar plan year	2009 or fisca	l plan year l	beginni	ing (01/01/2	2009		and er	nding	12/31	/2009			
 Round off amount Caution: A penalty 			ed for I	late filing of thi	s report ı	inless rea	sonable ca	iuse is est	ablished.					
A Name of plan WW Indust	rial Grou	p Inc, I	Defin	ed Benefit	t Pensi	ion Pla	n		B Three- plan n		(PN) ►		001	
									-				<u> </u>	
C Plan sponsor's nam WW Indust	ne as shown o crial Grou		Form 8	5500 or 5500-E	ΞZ					yer Ide 04598		n N	umber (EIN)	
E Type of plan:	X Single	Multiple	e-A	Multiple-B		F Prior v	ear plan si	ze: X 100) or fewer	10	1-500		More than 50	
Part I Basic Infe									·····, ·····, ····					
1 Enter the valuation	n date:		Mont	h_01	_ Day _	01	_ Year	2009						
2 Assets:														
a Market value										2a		10350	78,	,719
b Actuarial valu										2b				,719
3 Funding target/pa	irticipant coun	t breakdow	n				,	(1) Num	nber of partic	ipants	((2) F	unding Targe	:t
a For retired pa	irticipants and	beneficiarie	es rece	iving payment			3a		0					0
b For terminate	d vested parti	icipants .					<u>3b</u>		0					0
C For active pa	rticipants:													
(1) Non-vest	ed benefits		• • •		• • • •		<u>3c(1)</u>	-						0
(2) Vested b	enefits		• • •				3c(2)				,		142,	
• •							<u>3c(3)</u>		2				142,	
d Total 4 If the plan is at-ris							<u>3d</u>		2			0.555	142,	907
· · · · · · · · · · · · · · · · · · ·			-	assumptions				-		4a				<u>1000000000000000000000000000000000000</u>
				, but disregard							· · · · · · · · · · · · · · · · · · ·			
	-		-	and disregardin	-		•			4b				
5 Effective interest	rate									5			6.47	
6 Target normal co								• • • • •		6			35,	,736
Statement by Enrolle To the best of my know accordance with applic combination, offer my b	d Actuary ledge, the information able law and regulation	n supplied in this s ns. In my opion, e	chedule an ach other a	nd accompanying sche assumption is reasona	edules, statem	ents and attach	ments, if any, is	complete and a	ccurate. Each presr	ribed assur and such o	nplion was a other assump	ppliec stions	in , în	
SIGN HERE	, i	Th	A							10/0	06/201	.0		
Contraction and provide and a second s		Signatu	ure of a	actuary		-					Date			
Theodore A	ndersen, 1	M.A.A.A.	, MSI	PA							-02034			
		Type or pri	nt nam	e of actuary							enrollmei	nt n	umber	
Pension As	sociates_						. <u> </u>	·			-0306			
2001 West	Main Stre		m nam :e 230						Telephone n	umper	(incluain	ig a	rea code)	
US Stamford		СТ	0690	02										
		Addres												
If the actuary has not fui instructions	lly reflected a	ny regulatio	n or rul	ling promulgat	ed under	the statut	e in comple	eting this s	schedule, che	eck the	box and	l se	e	
For Paperwork Reduction	Act Notice and	d OMB Contr	rol Num	ibers, see the in	structions	s for Form	5500 or 550	0-SF.			Sche	dule	e SB (Form 550) v.0	0) 2009 92308.1

Schedule SB (Form 5500) 2009

Page

Pa	art II Beginr	ning of year carryover an	nd prefunding balances						
					(a) Carryover balance (b) Prefunding bala			balance	
7	7 Balance at beginning of prior year after applicable adjustments (item 13 from prior								
	year)				0				0
8	Portion used to	o offset prior year's funding r	equirement (item 35 from prior year)		0)			0
9	Amount remai	ning (item 7 minus item 8)	• • • • • • • • • • • • • • • •		0)			0
		m 9 using prior year's actual			0)			0
11	Prior year's ex	cess contributions to be add							
	a Excess cor	ntributions (item 38 from prior	year)					23	,186
	b Interest on	(a) using prior year's effectiv		T T			1	,389	
c Total available at beginning of current plan year to add to prefunding balance								24	,575
	d Portion of it	tem (c) to be added to prefur	nding balance					24	,575
12			deemed elections		0)			0
			9 + item 10 + item 11d - item 12) .		0)		24	,575
Pa	art III Fund	ling percentages							
14	Funding target	t attainment percentage			• • • • • • • • • • • •		14	37.88	%
			age				15	37.88	%
16	Prior year's fui	nding percentage for purpose	es of determining whether carryover/	prefunding bala	nces may be used to reduc	e			
	current vear's	fundina requirement			•••••		16	30.99	%
17			n is less than 70 percent of the fundi				17	55.08	%
Pa	art IV Cont	ributions and liquidity s	hortfalls		· · · · ·				
18	Contributions	made to the plan for the the p	plan year by employer(s) and employ	yees:					
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by	,	(c) Amo	unt paid by	
(N	/M-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY				oyees	
03	/10/2010	58,71	L8						
				Totals ► 18(b) 58	3,718 18(c)		
19	Discounted en	nployer contributions see ir	nstructions for small plan with a value	ation date after	the beginning of the year:				
	a Contributio	ns allocated toward unpaid n	ninimum required contribution from p	prior years		19a			0
	b Contributio	ns made to avoid restrictions	adjusted to valuation date			19b			0
	C Contribution	s allocated toward minimum requ	uired contribution for current year adjuste	ed to valuation dat	e	19c		53	,812
20	Quarterly cont	ributions and liquidity shortfa	ll(s):						
		n have a "funding shortfall" fo					Yes	X No	
	•	0	installments for the current year mad	le in a timelv ma	anner?		TYes		
			nplete the following table as applicat						
	2 200.0		Liquidity shortfall as of en		this plan year				
		(1) 1st	(2) 2nd				4th		
						, <u>,</u>			

Schedule SB (Form 5500) 2009

P	an	P	3
	ay		•

Part V Assumption	tions used to determine f	unding target and target nor	nal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	5.64 %	6.40 %	6.56 %				
b Applicable month	(enter code)	• • • • • • • • • • • • • • • • • • •		21b	0		
22 Weighted average	e retirement age	• • • • • • • • • • • • • • • • • • •		22	66		
23 Mortality table(s) (23 Mortality table(s) (see instructions) X Prescribed combined Prescribed separate Substitute						
Part VI Miscella	aneous items						
24 Has a change bee	en made in the non-prescribed	actuarial assumptions for the curr	ent plan year? If "Yes," see	instru	ctions regarding required		
attachment	• • • • • •	• • • • • • • • • • • • • • • • • •			••••• Yes 🕱 No		
25 Has a method cha	ange been made for the curren	t plan year? If "Yes," see instruction	ons regarding required attac	hmen	t •• Yes 🗶 No		
26 Is the plan require	ed to provide a Schedule of Ac	tive Participants? If "Yes," see inst	ructions regarding required	attach	nment Yes X No		
27 If the plan is eligib	le for (and is using) alternative	e funding rules, enter applicable co	de and see instructions				
regarding attachm	nent •••••			27			
Part VII Reconc	iliation of unpaid minimu	m required contributions for	prior years				
28 Unpaid minimum	required contribution for all prie	or years		28			
29 Discounted emplo	over contributions allocated tow	vard unpaid minimum required con	tributions from prior years				
(item 19a)				29	0		
	0 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) 30						
Part VIII Minimu	m required contribution for	or current year					
31 Target normal cos	st, adjusted, if applicable (see i	nstructions)		31	35,736		
32 Amortization insta	Ilments:		Outstanding Balance		Installment		
a Net shortfall amor	tization installment		80,	189	15,871		
b Waiver amortization	on installment			0	0		
33 If a waiver has be	en approved for this plan year	, enter the date of the ruling letter	granting the approval				
(Month	DayYea	. .	mount • • • • • • • • •	33			
34 Total funding requ	irement before reflecting carry	vover/prefunding balances					
• •	• •	· · · · · · · · · · · · · · · · · · ·		34	51,607		
	······································	Carryover balance	Prefunding Balance		Total balance		
35 Balances used to	offset funding requirement						
36 Additional cash re	quirement (item 34 minus item	135) 		36	51,607		
37 Contributions allo	cated toward minimum require	d contribution for current year adju					
(item 19c)		• • • • • • • • • • • • • • •		37	53,812		
	38 Interest-adjusted excess contributions for current year (see instructions)						
	19 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) 39						
40 Unpaid minimum	40 Unpaid minimum required contribution for all years						

Schedule SB, line 19 -Discounted Employer Contributions

WW Industrial Group Defined Benefit Plan

32-0045988 / 001

For the plan year 1/1/2009 through 12/31/2009

Valuation Date: 1/1/2009

Value	ation Date.	1/1/2000				
Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
3/10/2010	\$58,718					
1/1/2009	2,376	2,206	0	0	6.47	0
1/1/2009	24,726	22,954	0	0	6.47	0
4/15/2009	7,904	7,040	0	7,904	6.47	11.47
7/15/2009	7,904	7,121	0	7,904	6.47	11.47
10/15/2009	7,904	7,204	0	7,904	6.47	11.47
1/15/2010	7,904	7,288	0	7,904	6.47	11.47
	\$58,718	\$53,813	\$0	\$31,616		
	Date 3/10/2010 1/1/2009 1/1/2009 4/15/2009 7/15/2009 10/15/2009	Date Amount 3/10/2010 \$58,718 1/1/2009 2,376 1/1/2009 24,726 4/15/2009 7,904 7/15/2009 7,904 10/15/2009 7,904 1/15/2010 7,904	Date Amount Contribution 3/10/2010 \$58,718 1/1/2009 2,376 2,206 1/1/2009 24,726 22,954 4/15/2009 7,904 7,040 7/15/2009 7,904 7,121 10/15/2009 7,904 7,204 1/15/2010 7,904 7,288	Date Amount Adjusted Contribution Adjusted Prior Year Contribution 3/10/2010 \$58,718	Date Amount Adjusted Contribution Adjusted Prior Year Contribution Adjusted Quarterly 3/10/2010 \$58,718	Date Amount Adjusted Contribution Prior Year Contribution Adjusted Quarterly Effective Rate 3/10/2010 \$58,718

2199DB

Schedule SB, line 32 -Schedule of Amortization Bases

WW Industrial Group Defined Benefit Plan

32-0045988 / 001

For the plan year 1/1/2009 through 12/31/2009

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	118,252	Shortfall	103,963	6	19,889
	01/01/2009	-23,774	Shortfall	-23,774	7	-4,018
Totals:				\$80,189		\$15,871

Schedule SB, line 22 -Description of Weighted Average Retirement Age

WW Industrial Group Defined Benefit Plan 32-0045988 / 001 For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

WW Industrial Group Defined Benefit Plan

32-0045988 / 001

For the plan year 1/1/2009 through 12/31/2009

Employer: Type of Entity -	WW Industrial Group C-Corporation EIN: 32-0045988 TIN: Plan #: 001
Dates:	Effective - 1/1/2006 Year end - 12/31/2009 Valuation - 1/1/2009 Top Heavy Years - 2009
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 500 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
	Attainment of age 65 and completion of 10 years of participation Not provided
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of service Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	10% of average monthly compensation per year of participation limited to 10 year(s)
	Minimum Benefit - None Maximum Benefit - None
Accrued Benefit -	Unit credit based on participation.
	Minimum Benefit - None
	Maximum Benefit - None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Death Benefit -	100 times the Monthly Retirement Benefit
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$195,000
	Maximum 401(a)(17) compensation - \$245,000
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

WW Industrial Group Defined Benefit Plan

32-0045988 / 001

For the plan year 1/1/2009 through 12/31/2009

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	4.41
	Segment 2	6 - 20	4.57
	Segment 3	> 20	4.27

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	4%
	Mortality Table -	None
Post-Retirement -	Interest -	4%
	Mortality Table -	09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

WW Industrial Group Defined Benefit Plan 32-0045988 / 001

For the plan year 1/1/2009 through 12/31/2009

Valuation Date:	1/1/2009		
Funding Method:	As prescribed in IRC	Section 430	
Age	- Eligibility age at last	birthday and other ages at last birthday	
	New participants are	included in current year's valuation	
Retrospective Compensation	- Highest 3 consecution	ve years of service	
Form of Payment	yment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target f the greater of the present value of accrued benefit computed using funding segment rates and Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivaler exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5 the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality		
Interest Rates	- Segment rates for th permitted under IRC		
	Segment #	Year Rate %	
	Segment 1	0 - 5 5.64	
	Segment 2	6 - 20 6.40	
	Segment 3	> 20 6.56	
Pre-Retirement -	Mortality Table - Turnover/Disability - Salary Scale - Expense Load - Ancillary Ben Load -	None	
Post-Retirement -	Mortality Table - Cost of Living - Lump Sum -	09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A) None 09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A) at 4% or 09E - 2009 Applicable Mortality Table for 417(e) (unisex)	
Asset Valuation Method:	Fair market value of	assets adjusted for contributions under IRC 430(g)(4)	
Discrimination Test Assumption	ns:		
HCE Determination -	Based on all employ	ees	
Otherwise Excludable -	Otherwise Excludabl	le HCEs are included with the Not Otherwise Excludable employees	
410(b)/401(a)(4) Testing:			
Pre-Retirement -	Interest -	8%	
Post-Retirement -		8% U84 - 1984 Unisex	
Permissively Aggregated Plans -	Tested as a Single F	Plan	
Compensation -	Use current compen	sation to calculate the benefit accrual rate (annual method)	
Testing Age -	- Normal retirement age or attained age, if older		
Normal Form for MVAR -	Joint with 50% Survi	vor Benefits	