Form 5500-SF

Department of the Treasury

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).

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

▶ 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 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUST. 001 (PN) ▶ 1c Effective date of plan 05/28/1979 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number OAKLAND SUPPLY CORP. 11-1734613 (EIN) 2c Plan sponsor's telephone number 631-694-6540 81 GAZZA BOULEVARD FARMINGDALE, NY 11735 2d Business code (see instructions) 423800 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN OAKLAND SUPPLY CORP. 81 GAZZA BOULEVARD 11-1734613 FARMINGDALE, NY 11735 **3c** Administrator's telephone number 631-694-6540 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 PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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) X Yes 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 41638 43205 a Total plan assets..... 7a O **b** Total plan liabilities..... 7b 43205 Net plan assets (subtract line 7b from line 7a)..... 7с 41638 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 6515 8a(1) (2) Participants 8a(2) 0 0 (3) Others (including rollovers)..... 8a(3) 4186 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 10701 Benefits paid (including direct rollovers and insurance premiums 9069 to provide benefits)..... 8d Λ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 65 0 Other expenses..... 8g 9134 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 1567 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

Part IV	Plan	Charac	teristics

HERE

SIGN HERE Signature of plan administrator

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: 1A 1G 3D

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of P	lan Characteri	stic Co	des in	the instruct	ions:		
art	٧	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period des CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions r ine 10a.)			X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused bishonesty?	X						
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance cal urance service or other organization that provides some or all of the benefits under the plan? (ructions.)		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		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3							
art	VI	Pension Funding Compliance	•	•	•	•			
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 0))				•	X	Yes	No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of						Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ш		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, s	see instructions	s, and e	enter th	ne date of t	he let	ter ruli	ng
If v	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			Day		Yea		
		er the minimum required contribution for this plan year		Γ	12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t		····	12d				
	·	ative amount)		_		V			NI/A
		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	IN	0	N/A
art		Plan Terminations and Transfers of Assets							<u>.</u>
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		г		I		Yes	× No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or ne PBGC?	r brought unde	r the co	ontrol 			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ch assets or liabilities were transferred. (See instructions.)	identify the pla	an(s) to	•				
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless r				 0 - 1	ــاا -
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examine edule MB completed and signed by an enrolled actuary, as well as the electronic version of the true, correct, and complete.							
SIGN	, Fi	iled with authorized/valid electronic signature. 02/10/2011 JOAN R	RUFF						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

b Actuarial value														nt to Form	5500 or	5500	·5F.								
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established. A Name of plan Part Pa	Fo	r calend	lar p	lan y	ear 200	10 PC	r fisc	al plan y	/ear	beginni	ing ⁰	05/28/200)9				and e	nding	g 05/27	7/201	0				
A Name of plan OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUST C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OAKLAND SUPPLY CORP. D Employer Identification Number (EIN) 11-1734613 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: A Market Value. D Employer Identification Number (EIN) 11-1734613 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 More than 500	•	Round	off	amo	unts to	nea	ares	dollar.																	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OAKLAND SUPPLY CORP. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part Basic Information 1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assests: 2	•	Cautio	n: A	pen	alty of S	\$1,00	00 w	II be ass	sess	ed for la	ate filing o	of this rep	port u	nless reaso	onable ca	ause i	s establi	shed							
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 101 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: 2a 666 b Actuarial value	A OA	Name of KLAND	f pla SUI	n PPL\	CORF	P. EN	MPLO	OYEES	PEN	SION F	PLAN & T	RUST				В		U	er (PN)		•		0	01	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 101 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: 2a 666 b Actuarial value																									
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: 2a Market value 2a 666 3 Funding target/participant count breakdown (1) Number of participants (2) Funding Target a Funding target/participant sand beneficiaries receiving payment 3a 0 b For terminated vested participants 3b 0 c For active participants 3c(1) c For active participants 3c(1) c For active participants 3c(1) d Total							own o	on line 2	a of	Form 5	5500 or 55	500-SF				D	Employ	er Ide	entificati	on N	lumbe	er (E	IN)		
Part I Basic Information	OA	KLAND	SUI	PPLY	CORF	·.										11	-173461	3							
1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: a Market value	Ε	Type of p	plan:	X	Single		Mu	Itiple-A		Multiple	e-B		F P	rior year pla	an size:	X 100	or fewe	r 🗌	101-50	00	Мо	re th	an 500		
1 Enter the valuation date: Month 05 Day 28 Year 2009 2 Assets: a Market value	Р	art I	B	asio	Info	rma	ntion	1																	
2 Assets: a Market value									Mon	th 05		Day 2	8	Year 1	2009										
a Market value				vaiu	ation de	ato.			IVIOII	ui		Day													
b Actuarial value	_			et vs	عبراد													ſ	2a						66618
Tunding target/participant count breakdown a For retired participants and beneficiaries receiving payment a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3c(3) Total active. 3c(3) 2 788 d Total 3c(1) 4 If the plan is at-risk, check the box and complete items (a) and (b) a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding factor. 5 Effective interest rate. 5 S 5.52 6 Target normal cost. 5 S 5.52 6 Target normal cost. 5 Signature of actuary To the best of my knowledge, the and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption was applied accordance with applicable than and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan. Signature of actuary Date 08-02297 Most recent enrollment number		_																							66618
a For retired participants and beneficiaries receiving payment 3a 0 b For terminated vested participants	3														(1) N	lumbe	or of par	icina				(2) E	undina	Targo	
b For terminated vested participants: C For active participants: (1) Non-vested benefits	J		·	·	•	•					oivina na	vmont	Г	32	(1)	NUITIDE	ei oi pai	ісіра				(2) [uridirig	rarge	0
C For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. (4) If the plan is at-risk, check the box and complete items (a) and (b). (5) Funding target disregarding prescribed at-risk assumptions. (6) Funding target disregarding prescribed at-risk assumptions but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. (7) Effective interest rate. (8) Target normal cost. (9) Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 08-02297 Type or print name of actuary Most recent enrollment number		_			•	•					٠	•	-						_						
(1) Non-vested benefits. 3c(1) (2) Vested benefits. 3c(2) 788 (3) Total active. 3c(3) 2 788 (d Total							•	пистрані	ເຣ				····	30											
(2) Vested benefits. 3c(2) 788 (3) Total active 3c(3) 2 788 (d) Total					•	•							Г	3c(1)											C
3c(3) 3c(3) 2 788													-												78825
d Total													-	. ,					2						78825
4 If the plan is at-risk, check the box and complete items (a) and (b)		_ `	` '										-												78825
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 Target normal cost. 6 Target normal cost. 6 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 08-02297 Type or print name of actuary Most recent enrollment number	4															П									70020
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4		•							•	` '	` '				ш		Г	_						
at-risk for fewer than five consecutive years and disregarding loading factor		_		·	Ū		_	0.										F	4a						
6 Target normal cost																									
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To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 08-02297 Type or print name of actuary Most recent enrollment number	6	Targe	et no	rmal	cost														6						4034
HERE Signature of actuary DOMENIC P. D'ALISE Type or print name of actuary Most recent enrollment number	Sta	To the bes	st of r	ny kno h appl	owledge, t licable law	he info	ormati regula	tions. In m	y opin	ion, each	other assum														
DOMENIC P. D'ALISE Type or print name of actuary Most recent enrollment number																					12/3	0/20	10		
	DO	MENIC F	P. D	'ALIS	SE			Signa	ature	of actu	uary												7		
	SCI	HWEITZ	ER.	& C(OMPAN	Y, L		pe or pi	rint n	ame of	factuary					_			Most re					ber	
Firm name 126 WEST MAIN STREET BABYLON, NY 11702 Telephone number (including area code)								F	Firm	name						_		Tele	phone r	numb	er (ir	nclud	ing are	a code	e)
Address of the firm								Add	Iress	of the	firm					_									
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			y ha	s no	t fully re	eflec	ted a	ny regu	latio	n or ruli	ing promu	ulgated u	nder t	the statute	in compl	eting	this sche	dule	, check	the b	ox a	nd se	е		

age 2-	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding	bal	lances						
	,			_				(a)	Carryover balance		(b)	Prefundi	ng balance
7		-	•		cable adjustments (Item					0			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from	prio	r year)			0			0
9 Amount remaining (Item 7 minus item 8)								0					
10	Interest	on item	9 using prior year	's actual re	eturn of%								
11					d to prefunding balance:								
	a Exce	ss contr	ributions (Item 38	from prior	year)								1691
	b Intere	est on (a	a) using prior year	's effective	e rate of5.28 %								89
	C Total available at beginning of current plan year to add to prefunding balance												
	_			•	palance								0
12					emed elections					0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - it	tem	12)			0			0
P	art III	Fun	ding percenta	ages						<u> </u>			
14			<u> </u>									14	84.51 %
15					ge							15	84.51 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether	carı	ryover/prefu	nding bala	nces may be used			16	92.65 %
17					is less than 70 percent o							17	
				•	· · · · · · · · · · · · · · · · · · ·	n tile	runuing tai	get, enter	such percentage			••	70
	art IV		tributions an	•	· · · · · · · · · · · · · · · · · · ·		.1						
10	(a) Date		(b) Amount p		rear by employer(s) and (c) Amount paid by		(a) D	ate	(b) Amount pa	aid hy		c) Amou	int paid by
(N	IM-DD-YY		employer		employees		(MM-DD		employer(-	,		oyees
11	/15/2009			5246		0							
06	3/18/2010			1269		0							
							Totals ►	18(b)		6515	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan v	vith a	a valuation o	date after t	he beginning of the	e year:			
	a Contri	butions	allocated toward	unpaid min	imum required contribut	ion f	from prior ye	ars		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date												
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for curre	ent y	ear adjusted	to valuatio	n date	19c			6386
20	Quarterly	y contrib	outions and liquidit	ty shortfalls	s:								
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?								Yes X No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table a	s ap	plicable:						
					Liquidity shortfall as	of er	nd of Quarte						
		(1) 1s	st		(2) 2nd			(3)	3rd			(4) 4th	<u>1</u>
							1			1			

Pa	rt V Assumptio	ons used to determine t	unding target and ta	rget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 5.33 %	2nd segment: 6.68 %		3rd segment: 6.82 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	72
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	•		•		· · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes X No
27		or (and is using) alternative fur	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		adjusted, if applicable (see inst				31	4034
32	Amortization installme		,		Outstanding Bala	ince	Installment
	a Net shortfall amort	tization installment				12207	2145
	b Waiver amortization	on installment				0	0
33		approved for this plan year, en Day Year				33	
34	0 1	ment before reflecting carryove	1 0			34	6179
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	· · · · · · · · · · · · · · · · · · ·			36	6179
37		ed toward minimum required co	•	•		37	6386
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	36 over i	em 37)	39	0
40	Unpaid minimum regu	uired contribution for all years				40	0

Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameOAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUSTEIN: 11-1734613Plan Sponsor's NameOAKLAND SUPPLY CORP.PN: 001

Type of Base Shortfall.	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall.	12,207	05/28/2009	7	2,145
				·
			+	
	1		 	
			+	
			+	
			1	
	+		+ +	
	+		+	
	+		+	
			+	
			+	
			 	
			1	
	+		+ +	

SCHEDULE SB (Form 5500)

Department of the Tressury Internal Revenue Service

Informal Revenue Service

Deportment of Labor

Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2009

Pension Benefit Guaranty Corporation	File as an attachmen	nt to Form	5500 or 5500-SF.			
For calendar plan year 2009 or fiscal p		8/2009	and endin	9	05/2	7/2010
Round off amounts to nearest do						
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report u	mless reas	onable cause is established	,		
A Name of plan			B Three-digit		>	001
				* · · ·		
	MPLOYEES PENSION PLAN &	TRUST		dPdi	North and C	MAIN
C Plan sponsor's name as shown on f	ine 2a of Form 5500 or 5500-SF		D Employer Id	engrication	Musuper (C	1(4)
OAKLAND SUPPLY CORP.			11-17346	13		
	e-A Multiple-8 F P	rior year pl	an size: X 100 or fewer	101-500	More th	an 500
T ille and Times	E-A Disjulpie-D	10.120				
Part I Basic Information	Month 5 Day 28		2009			
1 Enter the valuation data:	Month 5 Day 26	Year_		1.		
2 Assets:				2a		66,618
				2b		65,618
	viire din		(1) Number of participa		(2) E	unding Target
3 Funding target/participant count to		3a	(1) Number of participa	0	(4)	diding raige.
	beneficiarles receiving payment	3b		C		0
	pants	0,5	2000 - 100 -	247 3	:	3.1
For active participants:		3c(1)				C
			and the same			78,825
				2		78,825
				2		78,825
	x and complete items (a) and (b)		П	-		
	prescribed at-risk assumptions			48		
	isk assumptions, but disregarding trans					
5 Funding target reflecting at-r at-risk for fewer than five cor	nsecutive years and disregarding loading	g factor		4b		
5 Effective Interest rate				5		E.52 %
6 Target normal cost		,		6		4,034
Statement by Enrolled Actuary To the best of my knowledge, the information a accordance with applicable law and regulations combination, offer my best estimate of anticles	supplied in this schedule and ecompanying schedule s. In my opinion, each other assumption is reasonable ted experience under the plan.	es, statements le (laking inlo	and attachments, if any, is complete account the experience of the pian a	amd accurate.	Each prescribe expeciations) a	ed sasumption was applied in and such other easumptions, in
SIGN HOWELL	A Dalux			1.	2/30/20	10
	Signature of actuary				Date	
Domenic P. D'Alise					08-0229	7
Туре	or print name of actuary			Most rece	nt enrollme	nt number
Schweitzer & Company, L	LC				31)376-2	
126 West Main Street	Firm name		Tele	ephone nur	nber (includ	fing area code)
Babylon	NY 117	02	_			
	Address of the firm					
If the actuary has not fully reflected any	regulation or ruling promulgated under	the statute	in completing this schedule	, check the	box and se	36

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

	t II Begini	ning of year carryover	and prefunding balar	nces	(a) Car	rryover balance		(b) Pref	undin	g balance
					(a) Cal	1,0101 Dalatio				
,	vear)	ning of prior year after applica					0			0
8	Portion used to o	ffset prior year's funding requi	rement (Item 35 from prior y	rear)			0			0
9	Amount remainin	g (Item 7 minus item 8)					0			
10	Interest on item 9	using prior year's actual retu	rn of%							
11	Prior year's exce	ss contributions to be added t	o prefunding balance:							1,691
	a Excess contri	butions (Item 38 from prior ye	ar)							89
	b Interest on (a) using prior year's effective ra	te of5.28_%							1,780
	c Total available	e at beginning of current plan ye	ear to add to prefunding balan	ce						
	d Portion of (c)	to be added to prefunding ba	lance				0			C
12	Reduction in bal	ances due to elections or dee	med elections				0			C
13	Balance at begin	ning of current year (item 9 +	item 10 + item 11d - item 12	2)						
Pa	art III Fun	ding percentages						,	14	84.51 %
14	Funding target a	ttainment percentage						,	15	84.51 %
15	Adjusted funding	target attainment percentage)	over/profun	ding haland	es may be used to	reduce		16	
		ing percentage for purposes on the percentage for purposes of the percentage for percentage fo								92.65 %
17	If the current va	ue of the assets of the plan is	less than 70 percent of the	funding targ	et, enter su	ich percentage			17	%
	THE RESERVE TO SHARE THE PARTY OF THE PARTY	tributions and liquidit								
18	Contributions m	ade to the plan for the plan ye	ear by employer(s) and empl	oyees:				(0)	A ma 011	ınt paid by
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Da	ate	(b) Amount paid	d hv I		Affiou	int paid by
(N	M-DD-YYYY)		amployoos	(MM-DD-)	YYYY)			(0)		oyees
-	the second secon	employer(s)	employees	(MM-DD-	YYYY)	employer(s)		(0)		loyees
13	1/15/2009	5,246	employees 0	(MM-DD-	YYYY)			(0)		oyees
13	the second secon			(MM-DD-	YYYY)			(6)		loyees
13	1/15/2009	5,246		(MM-DD-	YYYY)			(6)		loyees
13	1/15/2009	5,246		(MM-DD-	YYYY)			(6)		loyees
13	1/15/2009	5,246		(MM-DD-	YYYY)			(6)		loyees
13	1/15/2009	5,246		(MM-DD-`	18(b)	employer(s)				loyees
00	1/15/2009 6/18/2010	5,246	0	Totals ▶	18(b)	employer(s)	6,515			
00	1/15/2009 6/18/2010	5,246 1,269	0 0 ructions for small plan with a	Totals ▶	18(b)	employer(s)	6,515			
00	Discounted em	5,246 1,269 ployer contributions - see instantial and a see instantial	ructions for small plan with a	Totals ▶ a valuation or	18(b)	employer(s)	6,515 year:			
00	Discounted emple Contributions	5,246 1,269 ployer contributions - see instantial see allocated toward unpaid min as made to avoid restrictions and	cructions for small plan with a imum required contribution for the dijusted to valuation date	Totals ▶ a valuation or	18(b) date after th	employer(s)	6,515 year: 19a			
1: 00	Discounted em a Contributions b Contributions c Contributions	ployer contributions - see instantial and to avoid restrictions and allocated toward minimum requirements and liquidity shortfalls	ructions for small plan with a mum required contribution for dijusted to valuation date	Totals ► a valuation or rom prior ye ear adjusted	18(b) date after the arsto valuation	ne beginning of the	6,515 year: 19a 19b	18(c)	empl	6,38
1: 00	Discounted em a Contributions b Contributions C Contributions Quarterly contr	ployer contributions - see instantial and allocated toward unpaid min as made to avoid restrictions and allocated toward minimum requibutions and liquidity shortfalls have a "funding shortfall" for	rructions for small plan with a imum required contribution for dijusted to valuation date uired contribution for current y	Totals ▶ a valuation or or prior ye ear adjusted	18(b) late after the arsto valuation	ne beginning of the	6,515 year: 19a 19b	18(c)	empl	
1: 00	Discounted em a Contributions b Contributions C Contributions Quarterly contr	ployer contributions - see instantial and allocated toward unpaid min as made to avoid restrictions and allocated toward minimum requibutions and liquidity shortfalls have a "funding shortfall" for	rructions for small plan with a imum required contribution for dijusted to valuation date uired contribution for current y	Totals ▶ a valuation or or prior ye ear adjusted	18(b) late after the arsto valuation	ne beginning of the	6,515 year: 19a 19b	18(c)	empl	6,38
1: 00	Discounted emplements a Contributions C Contributions Quarterly contribution a Did the plan b If 20a is "Ye	ployer contributions - see instant allocated toward unpaid min a made to avoid restrictions and allocated toward minimum requibutions and liquidity shortfalls have a "funding shortfall" for the s," were required quarterly instant and some standard to the second short all the second	cructions for small plan with a simum required contribution for dijusted to valuation date uired contribution for current yes:	Totals ▶ a valuation or or or prior ye ear adjusted ar made in a	18(b) late after the arsto valuation	ne beginning of the	6,515 year: 19a 19b	18(c)	empl	6,38
1: 00	Discounted emplements a Contributions C Contributions Quarterly contribution a Did the plan b If 20a is "Ye	ployer contributions - see instantial and allocated toward unpaid min as made to avoid restrictions and allocated toward minimum requibutions and liquidity shortfalls have a "funding shortfall" for	cructions for small plan with a simum required contribution for dijusted to valuation date uired contribution for current yes:	Totals > a valuation or rom prior ye ear adjusted ar made in a oplicable:	18(b) date after the arsto valuation timely man	employer(s) ne beginning of the n date	6,515 year: 19a 19b	18(c)	empl	6,38

Pai	rt V Assumptio	ons used to determine f	unding target and tar	rget norr	nal cost		
	Discount rate:		3 - 0				
21		1st segment:	2nd segment:		3rd segment:		N/A, full yield curve used
	a Segment rates:	5.33 %	6.68 %		6.82 %		□ 14/△, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average re	tirement age				22	72
	Mortality table(s) (se		scribed - combined		ed - separate	Substitute	
Pai	rt VI Miscellane	ous items					
24	Has a change been r	made in the non-prescribed acti	uarial assumptions for the c	urrent plan	year? If "Yes," see	instructions	regarding required Yes X No
25		e been made for the current pla					
26		o provide a Schedule of Active				attachment.	Yes X No
27	If the plan is eligible tregarding attachmen	for (and is using) alternative fur t	nding rules, enter applicable	code and	see instructions	27	
Pa	rt VII Reconcili	ation of unpaid minimu	ım required contribut	tions for	prior years		
28		uired contribution for all prior ye				28	0
29	Discounted employed (item 19a)	r contributions allocated toward	I unpaid minimum required of	contribution	s from prior years	29	0
30		of unpaid minimum required cor				30	0
Pa	rt VIII Minimum	required contribution f	for current year				
31		adjusted, if applicable (see instr				31	4,034
_	Amortization installm				Outstanding Bala	ince	Installment
	a Net shortfall amor	tization installment				12,207	2,145
	b Waiver amortizati	on installment				0	0
33	If a waiver has been (Month	approved for this plan year, en	ter the date of the ruling lett	ter granting	the approval	33	
34	Total funding require	ement before reflecting carryove	er/prefunding balances (item	n 31 + item	32a + item 32b -	34	6,179
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to off	set funding requirement		0		0	C
36		irement (item 34 minus item 35	j)			36	6,179
37	Contributions allocat	ted toward minimum required co	ontribution for current year a	adjusted to	valuation date	37	6,386
38	,	cess contributions for current ye				38	C
		quired contribution for current ye				39	C
		wined contribution for all years				40	0

Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUST	EIN: 11-1734613
Plan Sponsor's Name OAKLAND SUPPLY CORP.	PN : 001
The weighted average retirement age is equal to the normal retirement age of	·
List the rate of retirement at each age and describe the methodology used to compute tretirement age, including a description of the weight applied at each potential retirement one participant with an NRA of 79.	•
One participant with an NRA of 65. An average NRA of 72.	