Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COSMOS MANUFACTURING, INC. EMPLOYEES' PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1980

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
COSMOS MANUFACTURING, INC.

111 EAST 34TH STREET
SOUTH CHICAGO HEIGHTS, IL 60411-5502

2b Employer Identification Number (EIN) 36-2753905

2c Sponsor's telephone number 708-756-1400

2d Business code (see instructions) 332900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	04/18/2011	JOHN MICHELON
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COSMOS MANUFACTURING, INC.

111 EAST 34TH STREET
SOUTH CHICAGO HEIGHTS, IL 60411-5502

3b Administrator's EIN
36-2753905

3c Administrator's telephone number
708-756-1400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	178
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	102
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	183
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	183
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
COSMOS MANUFACTURING, INC. EMPLOYEES' PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COSMOS MANUFACTURING, INC.

D Employer Identification Number (EIN)
36-2753905

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		6905382
b	Actuarial value	**2b**		6905382
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	2	3390119
b	For terminated vested participants	**3b**	64	81558
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		40617
	(2) Vested benefits	**3c(2)**		1833650
	(3) Total active	**3c(3)**	112	1874267
d	Total	**3d**	178	5345944
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
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	**4b**		
5	Effective interest rate	**5**		6.50 %
6	Target normal cost	**6**		130650

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 in 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, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

02/17/2011
Signature of actuary — Date

MICHAEL J. HOLM — 08-03916
Type or print name of actuary — Most recent enrollment number

RSM MCGLADREY — 312-462-6706
Firm name — Telephone number (including area code)

191 NORTH WACKER DRIVE, SUITE 1400
CHICAGO, IL 60606-1921
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 see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding 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 -7.95 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of ____ %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	129.17 %
15	Adjusted funding target attainment percentage	15	129.17 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	140.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.31 %	6.54 %	6.73 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37**

38 Interest-adjusted excess contributions for current year (see instructions) **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
COSMOS MANUFACTURING, INC. EMPLOYEES' PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COSMOS MANUFACTURING, INC.

D Employer Identification Number (EIN)
36-2753905

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STEPHEN DILTZ

13-3180817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	INVESTMENT BROKER	46262	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
COSMOS MANUFACTURING, INC. EMPLOYEES' PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COSMOS MANUFACTURING, INC.

D Employer Identification Number (EIN)
36-2753905

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	36617	7998
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	939208	562289
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	77275	0
(B) Common	1c(4)(B)	174510	196304
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5677772	6737566
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6905382	7504157
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6905382	7504157

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	307011	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		307011
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3251553	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2693334	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		558219

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	346507	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		346507
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1211737
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	566700	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		566700
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	46262	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		46262
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		612962
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		598775
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LERMAN,BOUDART & ASSOCIATES LLP (2) EIN: 36-3914756

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
COSMOS MANUFACTURING, INC. EMPLOYEES' PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COSMOS MANUFACTURING, INC.

D Employer Identification Number (EIN)
36-2753905

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3154712

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 8

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☒ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

COSMOS MANUFACTURING, INC.

EMPLOYEES PENSION PLAN AND TRUST

FINANCIAL STATEMENTS

JUNE 30, 2010 AND 2009

LBA

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LERMAN, BOUDART & ASSOCIATES, LLP

CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

118 S. CLINTON, SUITE 550
CHICAGO, ILLINOIS 60661
312•201•8999
FAX 312•201•9210

Trustees of
Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust

We have audited the accompanying statements of net assets in liquidation available for benefits and accumulated plan benefits of Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust (the "Plan") as of June 30, 2010 and 2009, and the related statements of changes in net assets in liquidation available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust as of June 30, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules – Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions – are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements taken as a whole and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lerman, Boudart & Associates, LLP

Chicago, Illinois
April 14, 2011

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Statements of Net Assets in Liquidation Available for Benefits
June 30, 2010 and 2009

	2010	2009
Assets		
Cash - non-interest bearing	$ 7,998	$ 36,617
Investments, at liquidation value at June 30, 2010 and at fair value at June 30, 2009		
Cash - interest bearing	562,289	939,208
Common stock	196,304	174,510
Preferred stock	-	77,275
Mutual funds	6,737,567	5,677,772
	7,496,160	6,868,765
Net assets in liquidation available for benefits	$ 7,504,158	$ 6,905,382

See Notes to Financial Statements.

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Statements of Changes in Net Assets in Liquidation Available for Benefits
Periods Ended June 30, 2010 and 2009

	2010	2009
Additions to net assets attributed to		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments		
Common stock	$ 10,013	$ (86,510)
Preferred stock	10,543	(18,902)
Mutual funds	884,171	(796,331)
Other investments	-	4
Dividend and interest income	307,011	322,483
	1,211,738	(579,256)
Deductions from net assets attributed to		
Benefits paid directly to participants	566,700	297,404
Investment fees and service charges	46,262	22,022
	612,962	319,426
Net increase (decrease)	598,776	(898,682)
Net assets in liquidation available for benefits		
Beginning of year	6,905,382	7,804,064
End of year	$ 7,504,158	$ 6,905,382

See Notes to Financial Statements.

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Statements of Accumulated Plan Benefits
July 1, 2009 and 2008

Valuation date	July 1, 2009	July 1, 2008
Actuarial present value of accumulated plan benefits		
Vested benefits	$ 5,305,327	$ 5,508,489
Nonvested benefits	40,617	59,457
Total actuarial present value of accumulated plan benefits	$ 5,345,944	$ 5,567,946

See Notes to Financial Statements.

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Statements of Changes in Accumulated Plan Benefits
Periods Ended July 1, 2009 and 2008

	July 1, 2008 to July 1, 2009	July 1, 2007 to July 1, 2008
Actuarial present value of accumulated plan benefits, beginning of period	$ 5,567,946	$ 4,337,681
Increase (decrease) during the year attributable to:		
Benefits paid to participants	(297,404)	(93,510)
Benefits accumulated and experience (gain) loss	(26,732)	938,195
Change in assumptions	(232,129)	123,358
Interest adjustment due to decrease of discount period	334,263	262,222
Actuarial present value of accumulated plan benefits, end of period	$ 5,345,944	$ 5,567,946

See Notes to Financial Statements.

Note 1. Description of the Plan

The following brief description of the Cosmos Manufacturing, Inc. Employees Pension Plan & Trust (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Cosmos Manufacturing, Inc. (the "Company") who have completed one year of service and attained age 21. Eligible employees begin to participate July 1 nearest the date following completion of the service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits: Benefits are determined according to formulas set forth in the Plan based upon earnings, subject to Internal Revenue Code limits, and years of credited service. Upon normal retirement at age 65, the benefit is equal to .75 percent of average monthly compensation during the highest five consecutive years of participation times credited years plus .75 percent of such average monthly compensation in excess of set limits as defined in the Plan times credited years. The Plan permits early retirement at age 55 with 10 years of service. The normal form of retirement benefit is a monthly benefit equal to the accrued benefit payable for the life of the participant at the normal retirement date; however, a participant may elect to receive the actuarial equivalent of the accrued benefit in a lump sum upon retirement or termination. If the actuarial equivalent of the accrued benefit does not exceed $5,000, such benefit will be paid in a lump sum. As a result of the termination of the Plan, participants will now be offered a lump sum distribution or an annuity to be paid by an outside party. Participants previously became fully vested after six years of service.

Plan termination: Effective June 30, 2010, the Plan was terminated (see Note 10). Each participant's accrued benefit has become fully vested and nonforfeitable, and the net assets of the Plan will be allocated to provide benefits as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

a. Accrued benefits attributable to mandatory contributions

b. Benefits payable as an annuity

c. Other benefits under the Plan guaranteed by the Pension Benefit Guaranty Corporation (PBGC) up to applicable limitation (discussed below)

d. Benefits under the Plan that would be guaranteed by the PBGC if its restrictions on benefits for substantial owners did not apply

e. All other nonforfeitable benefits

f. All other benefits under Article V that are "protected benefits" as defined in the Internal Revenue Code (IRC) Section 411(d)(6) and regulations thereunder, accrued to the date of termination of the Plan

Certain benefits under the Plan are insured by the PBGC when the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination (June 30, 2010). However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

Whether all participants receive their benefits at the Plan termination date will depend on the sufficiency of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 2. Significant Accounting Policies

Basis of accounting: Due to the termination of the Plan (see Note 10), as of June 30, 2010, the Plan's financial statements are prepared on the liquidation basis of accounting. However, there were no adjustments to investment values necessary to convert from fair value to the liquidation basis.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and accumulated benefits and disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of additions to and deductions from net assets and increases and decreases in accumulated benefits during the reporting period. Actual results may differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated benefits. A change in the actuarial assumptions could significantly change the amount of the actuarial presentation of accumulated benefits reported in the accompanying financial statements.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative expenses: Administrative expenses and investment management fees of the Plan are paid by both the Company and the Plan. Those expenses paid by the Company are not reflected in the accompanying financial statements.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through April 14, 2011 , the date the financial statements were issued.

Recent accounting pronouncements: In July 2006, the Financial Accounting Standards Board (FASB) issued an interpretation regarding Accounting for Uncertainty in Income Taxes. The guidance clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements. Under this interpretation, the Plan must evaluate income tax uncertainties, assess the probability of the ultimate settlement with the applicable taxing authority and record an amount based on that assessment. The Plan adopted this interpretation effective July 1, 2009. Prior to the adoption of this interpretation, the Plan evaluated uncertain tax positions and related income tax contingencies under the Accounting for Contingencies guidance. The Accounting for Contingencies guidance required the Plan to accrue for losses it believed were probable and could be reasonably estimated. No such losses were accrued in the Statement of Net Assets Available for Benefits at June 30, 2009. Adoption of this interpretation did not impact the Plan's net assets at June 30, 2010 and 2009, or changes in net assets available for benefits for the year ended June 30, 2010.

In January 2010, the FASB issued Accounting Standards Update No. 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU-2010-06). ASU 2010-06 requires new disclosures regarding transfers in and out of Levels 1 and 2 and activity in Level 3 fair value measurements. It also clarifies existing disclosure requirements regarding the level of disaggregation in certain disclosures, inputs and valuation techniques used in FASB ASC 820, *Fair Value Measurement and Disclosures*. The Plan is required to adopt all of the requirements of this update January 1, 2010, its effective date, except for the new requirement regarding activity in Level 3 fair value measurements which has a later effective date under the provisions of ASU 2010-06, and will become effective January 1, 2011. Adoption of this pronouncement is not expected to have a significant impact on the Plan's fair value disclosures.

Note 3. Benefit Obligation

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered.

The actuarial present value of accumulated plan benefits is determined by an independent actuary. The valuation date was changed from the last day of the plan year to the first day of the plan year as of July 1, 2005. The significant actuarial assumptions used in the valuations as of July 1, 2009, the date of the latest actuarial valuation, were (a) individual aggregate method, (b) life expectancy of participants (the 1994 Group Annuity Mortality Table Projected to 2002 was used), (c) retirement age assumptions (normal retirement at age 65) and (d) investment return (6.5 percent per annum). Actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits, however because the actuarial valuation is as of the beginning of the year, the plan assumptions will not be affected for the year ended June 30, 2010.

Note 4. Investments

Investments that represent 5 percent or more of the Plan's net assets are as follows:

	2010	2009
Cash, interest bearing		
Merrill Lynch CMA Money Fund	$ -	$ 939,208
Merrill Lynch BIF Money Fund	562,289	-
Mutual funds		
BlackRock Capital & Income Strategies Fund, Inc.	-	457,600
BlackRock Real Asset Equity Trust	-	356,400
iShares iBoxx $ Investment Grade Corporate Bond Fund	433,840	-
iShares iBoxx $ High Yield Corporate Bond Fund	424,500	-
Market Vectors Gold Miners ETF	1,558,800	-
Nuveen Multi-Strategy Income and Growth Fund 2	420,120	-
First Eagle Global Class C	-	391,744
Powershares Financial Preferred Portfolio	630,240	566,670
Powershares Global Exchange Traded Fund Trust	678,500	613,500
SPDR Barclays Capital High Yield Bond ETF	529,620	492,660
Standards & Poors Dep Receipts	516,100	367,800
Calamos Market Neutral Income Fund Class A and C	-	350,649

Note 5. Voluntary Employee Contributions

The Plan holds benefits of employee voluntary after-tax contributions. These benefits are held in separate accounts, are due to only the contributing participants at retirement, and do not affect the liability of the Company in relation to the Plan. The voluntary employee contributions included in the net assets available for benefits and the related income are as follows:

	2010	2009
Assets		
Cash, noninterest bearing	$ 300	$ 1,261
Investments at fair value		
Cash, interest bearing	38,123	16,521
Mutual fund	26,300	26,000
Common stock	196,304	174,510
Preferred stock	-	13,150
Net assets available for benefits	$ 261,027	$ 231,442
Additions to net assets		
Investment income		
Net appreciation (depreciation) in fair value of investments		
Mutual fund	$ 4,238	$ (8,780)
Common stock	10,013	(86,510)
Preferred stock	7,586	(8,550)
Dividend and interest income	10,136	14,980
Deductions from net assets attributed to:		
Investment fees and services charges	2,388	3,025
Distribution to participant	-	65,000
Net increase (decrease)	$ 29,585	$ (156,885)

Note 6. Fair Value Measurements

FASB ASC 820 (formerly FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Note 6. Fair Value Measurements, *Continued*

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2009.

Mutual funds: Quoted market prices of shares held by the Plan at year end.

Common stock: Quoted market prices of shares held by the Plan at year end.

Preferred stock: Quoted market prices of shares held by the Plan at year end.

Cash: Valued at cost, which approximates fair market value.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of June 30, 2010 and 2009:

	Assets Measured at Fair Value as of June 30, 2010			
	Level 1	Level 2	Level 3	Total
Cash - non-interest bearing	$ 7,998	$ -	$ -	$ 7,998
Cash - interest bearing	562,289	-	-	562,289
Common stock				
Consumer discretionary	13,997	-	-	13,997
Consumer staples	44,653	-	-	44,653
Energy	51,076	-	-	51,076
Financial	25,839	-	-	25,839
Healthcare	9,638	-	-	9,638
Industrials	25,956	-	-	25,956
Information technology	23,135	-	-	23,135
Materials	2,010	-	-	2,010
Mutual funds				
Bond	1,387,960	-	-	1,387,960
Equity	5,323,307	-	-	5,323,307
International equity	26,300	-	-	26,300
	$ 7,504,158	$ -	$ -	$ 7,504,158

Note 6. Fair Value Measurements, *Continued*

	Assets Measured at Fair Value as of June 30, 2009			
	Level 1	Level 2	Level 3	Total
Cash - non-interest bearing	$ 36,617	$ -	$ -	$ 36,617
Cash - interest bearing	939,208	-	-	939,208
Common stock	174,510	-	-	174,510
Preferred stock	77,275	-	-	77,275
Mutual funds	5,677,772	-	-	5,677,772
	$ 6,905,382	$ -	$ -	$ 6,905,382

Note 7. Party-In-Interest Transactions

The trustees of the Plan have delegated certain investment responsibilities to an investment manager at Merrill Lynch. The investment manager has discretion to purchase, sell or hold specific securities used to meet the Plan's investment objectives. As Merrill Lynch is the custodian of the Plan's investments, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Merrill Lynch for investment management and other administrative expenses amounted to $46,262 and $22,022 for the years ended June 30, 2010 and 2009, respectively.

The Company is the sponsor of the Plan. Certain employees of the Company are responsible for the administration of the Plan. The employees are compensated by the Company and do not receive any compensation from the Plan.

Note 8. Related-Party Transactions

For the years ended June 30, 2010 and 2009, in accordance with Plan provisions, the Plan paid a total of $373,666 and $177,352, respectively, in benefits to the owner of the Plan sponsor and a member of his family. As such, these transactions qualify as related-party transactions.

Note 9. Funding Policy

The Company makes annual contributions to the Plan as determined in accordance with accepted actuarial principles which are based upon actuarial cost studies performed by the Plan's actuaries. Employee contributions are no longer permitted. For the years ended June 30, 2010 and 2009, there were no contributions, which complied with the minimum funding requirement of ERISA.

Note 10. Plan Termination

On June 4, 2010, the Board of Directors of the Company voted to terminate the Plan effective June 30, 2010. No employee will become a participant and no further benefits will accrue under the Plan after the effective date. Participants employed as of July 1, 2009 are now 100 percent vested in their plan benefit. Participants' vesting whose employment terminated prior to July 1, 2009 is determined by their actual years of service. The Plan is expected to liquidate its assets and pay all benefits by August 24, 2011.

Note 11. Tax Status

The Plan obtained its latest determination letter in 2002 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt under Internal Revenue Code Section 401(a) as of the financial statement date.

Note 12. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net asset available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

LBA

Supplementary Information

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Schedule of Assets (Held at End of Year)
June 30, 2010

Plan Sponsor: **Cosmos Manufacturing, Inc.**
Plan EIN Number: **36-2753905**
Plan Number: **001**

Schedule H, Line 4i (IRS Form 5500) - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Merrill Lynch BIF Money Fund	Money Market Fund	$ 562,289	$ 562,289
	Alcoa, Inc.	Common Stock	6,819	2,010
	AOL, Inc.	Common Stock	508	125
	Bank of America Corp.	Common Stock	18,265	18,931
	Conagra Foods, Inc.	Common Stock	20,800	23,320
	Suntech Power Holdings Co. Ltd.	Common Stock	20,979	18,340
	Devon Energy Corp. New	Common Stock	21,399	21,322
	Exxon Mobil Corp.	Common Stock	8,025	11,414
	General Electric	Common Stock	26,243	25,956
	McGraw Hill Companies	Common Stock	9,425	11,256
	Medco Health Solutions 1	Common Stock	170	2,644
	Merck & Co Inc. SHS	Common Stock	3,003	6,994
	Microsoft Corp.	Common Stock	29,925	23,010
	NYSE Euronext	Common Stock	19,743	6,908
	Pepsico, Inc.	Common Stock	20,804	21,333
	Time Warner Cable, Inc.	Common Stock	2,553	833
	Time Warner, Inc. SHS	Common Stock	7,242	1,908
	BlackRock Global Allocation Fund, Inc. C	Mutual Fund	229,530	226,117
	Calamos Market Neutral Income Fund Class C	Mutual Fund	184,988	165,470
	Calamos Strategic Total Return Fund	Mutual Fund	200,784	231,000
	Taiwan Fund Inc.	Mutual Fund	26,566	26,300

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Schedule of Assets (Held at End of Year), *Continued*
June 30, 2010

Plan Sponsor: **Cosmos Manufacturing, Inc.**
Plan EIN Number: **36-2753905**
Plan Number: **001**

Schedule H, Line 4i (IRS Form 5500) - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First Eagle Global Class C	Mutual Fund	175,625	212,108
	Franklin Investment Securities Trust Convertible Securities Fund Class C	Mutual Fund	184,987	143,122
	Lord Abbett Fundamental Equity Fund Class F	Mutual Fund	184,465	171,130
	iShares iBoxx $ High Yield Corporate Bond Fund	Mutual Fund	444,250	424,500
	iShares iBoxx Investment Grade Corporate Bond Fund	Mutual Fund	423,912	433,840
	Nuveen Multi-Strategy Income and Growth Fund 2	Mutual Fund	356,888	420,120
	Market Vectors Gold Miners ETF	Mutual Fund	1,444,732	1,558,800
	Powershares Financial Preferred Portfolio	Mutual Fund	345,311	630,240
	Powershares Global Exchange Traded Fund Trust	Mutual Fund	483,023	678,500
	SPDR Barclays Capital High Yield Bond ETF	Mutual Fund	464,292	529,620
	Standard & Poors Depositary Receipts	Mutual Fund	602,113	516,100
	S&P US Preferred Stock Index Fund	Mutual Fund	388,086	370,600
			$ 6,917,744	$ 7,496,160

*Denotes a party-in-interest as defined by ERISA.

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Schedule of Reportable Transactions
Year Ended June 30, 2010

Plan Sponsor: Cosmos Manufacturing, Inc.
Plan EIN Number: 36-2753905
Plan Number: 001
Schedule H, line 4j (IRS Form 5500) - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
BlackRock Capital & Income Strategies Fund, Inc.	Mutual Fund		$ 494,528			$ 555,083	$ 494,528	$ (60,555)
BlackRock Real Asset Equity Trust	Mutual Fund		491,571			322,204	491,571	169,367
iShares iBoxx $ High Yield Corporate Bond Fund	Mutual Fund	$ 444,250				444,250	444,250	
iShares iBoxx $ Investment Grade Corporate Bond Fund	Mutual Fund	423,912				423,912	423,912	
Market Vectors Gold Miners EFT	Mutual Fund	1,444,732				1,444,732	1,444,732	
S&P US Preferred Stock Index Fund	Mutual Fund		437,154			344,606	437,154	92,554
Standard & Poors Depositary Receipts	Mutual Fund	602,113				602,113	602,113	

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of July 1, 2009, has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Summary of Plan Provisions	
Plan effective date:	July 1, 1980.
Plan year anniversary date:	June 30.
Employees Covered:	All employees not excluded by class are eligible.
Eligibility requirements for plan participation:	Age 21 and one (1) year of service.
Credited service:	Plan years commencing with the year of entry and includes all years in which a participant works at least 1,000 hours limited to a total of 30 years.
Vesting Service:	Plan years in which an employee works at least 1,000 hours.
Normal retirement date:	The Plan Anniversary Date nearest the participant's 65th birthday.
Late retirement date:	The Plan Anniversary Date coinciding with or next following a Participant's actual Retirement Date after having reached the Normal Retirement Date.
Early retirement date:	Any Plan Anniversary Date, prior to the Normal Retirement Date, coinciding with or next following the date on which a Participant or former Participant attains age 55 and has completed at least 10 Years of Service.
Plan compensation:	The Participant's wages including bonuses, overtime pay, and commissions.
Average monthly compensation:	The employee's average monthly salary for the five highest consecutive plan years following participation.
Covered compensation:	With respect to a given participant, the average of the taxable wage bases for the 35 calendar years ending with the year when Social Security retirement age is attained. In determining current covered compensation, the taxable wage base in effect at the beginning of the plan year remains the same for all future years.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)	
Normal retirement benefit:	A monthly benefit for life, commencing at normal retirement age equal to the sum of (i) and (ii): (i) .75% of final average monthly compensation multiplied by the Participant's total number of years of Credited Service (maximum 30). (ii) .75% of final average monthly compensation in excess of one-twelfth of Covered Compensation multiplied by the Participant's total number of years of Credited Service (maximum of 30).
Early retirement benefit:	Monthly benefit determined above, actuarially reduced for early commencement.
Deferred retirement benefit:	Amount determined as of normal retirement date.
Normal form of benefit:	Life annuity. For participants who are legally married for one year before retirement, the normal form of benefit will be a joint and 50% to joint annuitant form unless the participant and the spouse elect otherwise. This is the actuarial equivalent of the normal form.
Vesting:	Determined based on the Participant's number of Years of Service according to the following schedule: Less than 2 — 0% 2 — 20% 3 — 40% 4 — 60% 5 — 80% 6 — 100%
Pre-retirement death benefit:	For vested participants who are legally married for at least one year at the time of death, the surviving spouse would be eligible for the 50% joint annuitant benefit determined at the date of death. This benefit is equal to 50% of the early retirement benefit actuarially adjusted to joint and survivor form of payment. The benefit would commence at the participant's earliest retirement date. For unmarried participants, the benefit is equal to the actuarial equivalent of the normal form retirement benefit.

Schedule SB, Part V – Statement of Plan Provisions (continued)

Summary of Plan Provisions (continued)	
Post retirement death benefit:	None, unless the participant elects an optional form of benefit providing for continuation of payments after his or her death to a beneficiary or joint annuitant.
Top Heavy Status:	The plan is Top Heavy for the year ended June 30, 2010.
Top Heavy Minimum:	As this is the only plan maintained by the sponsor, as applicable, any minimum accrued benefit is determined under this plan.

Summary of any changes in principal eligibility or benefit provisions since the last valuation:
No changes.

Description of any significant events:
To the best of my knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:
To the best of my knowledge, no benefits were excluded from the valuation.

Statement of changes in assumptions and/or methods:

- The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA) and permitted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA). The mortality table was changed from the IRS 2008 Static Mortality Table to the IRS 2009 Static Mortality Table. The interest rate was changed from the IRC 430(h) Transitional Funding Segment Rates for March 2008 (5.24%, 5.97% and 6.49%) to the IRC 430(h) Transitional Funding Segment Rates for March 2009 (5.31%, 6.54% and 6.73%).
- Valuation assets reflected receivable contributions, if any, discounted at the plan's effective rate.
- Beginning in 2009 an allowance for expenses expected to be paid from the trust must be included in the target normal cost.
- All other assumptions and methods are identical to those used in the prior valuation.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Summary of Methods	
Valuation date:	July 1.
Actuarial cost method:	Under PPA the funding target is based on the benefit accrued as of the first day of the valuation year (based upon the benefit level that is effective at July 1). The target normal cost is the benefit expected to be accrued as of the last day of the valuation year (based upon the benefit level that is effective at June 30) less the benefit as of the first day of the valuation year.
Actuarial value of assets:	The market value of assets on the valuation date plus contributions receivable.
Changes since last valuation:	An allowance for expected expenses (based upon the actual expenses during the prior year) is included in the target normal cost.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions	
Interest:	
Funding and FAS 35: Pre and post-retirement:	IRC 430(h) Funding Segment Rates for March 2009; 5.31% per year for 1st segment, 6.54% for 2nd segment and 6.73% thereafter. Effective Rate: 6.50%
Mortality:	
Funding and FAS 35: Pre and post-retirement:	IRS 2009 Combined Static Mortality Table.
Lump Sum Assumptions:	
Percent Electing:	100% of active and terminated vested participants are assumed to elect a lump sum distribution at age 65. 50% of active participants are assumed to elect immediate distribution, 50% are assumed to defer distribution to age 65. 25% of deferred vested participants are assumed to elect immediate distribution, 75% are assumed to defer distribution to age 65.
Lump Sum Interest:	IRC 430(h) Funding Segment Rates for March 2009; 5.31% per year for 1st segment, 6.54% for 2nd segment and 6.73% thereafter.
Lump Sum Mortality:	2009 Applicable Mortality Table.
Termination:	Sarason's Table T-5.
Retirement age:	Assumed retirement age is Age 65 and having attained 5 years of service.
Disability:	None.
Salary scale:	4.00% per year.
Form of benefit:	Lump Sum.
Percentage married:	Males 100%, females 100%.
Age difference:	Husbands are assumed to be three years older than their wives.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Expenses:	Allowance during current year based upon fees and expenses paid from trust in prior year.

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

Plan Name Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust **EIN:** 36-2753905
Plan Sponsor's Name Cosmos Manufacturing, Inc. **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
100% at plan NRA of 65

Attachment to 2009 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust **EIN:** 36-2753905
Plan Sponsor's Name Cosmos Manufacturing, Inc. **PN:** 001

Describe any change in non-prescribed actuarial assumptions and justify any such change.
There no new changes in the non-prescribed actuarial assumptions.

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust **EIN:** 36-2753905
Plan Sponsor's Name Cosmos Manufacturing, Inc. **PN:** 001

Describe the change:
An allowance for expenses expected to be paid was added.

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust **EIN:** 36-2753905
Plan Sponsor's Name Cosmos Manufacturing, Inc. **PN:** 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1	Average		1 to 4	Average		5 to 9	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	2			4			0		
25 to 29	2			9			5		
30 to 34	0			9			3		
35 to 39	3			3			6		
40 to 44	2			3			5		
45 to 49	0			3			6		
50 to 54	0			3			1		
55 to 59	0			2			5		
60 to 64	0			2			0		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14	Average		15 to 19	Average		20 to 24	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	3			0			0		
35 to 39	2			3			0		
40 to 44	1			3			1		
45 to 49	2			0			4		
50 to 54	3			1			1		
55 to 59	2			0			0		
60 to 64	1			1			1		
65 to 69	0			1			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29	Average		30 to 34	Average		35 to 39	Average		40 & up	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	0			0			0			0		
50 to 54	2			0			0			0		
55 to 59	1			0			0			0		
60 to 64	1			0			0			0		
65 to 69	0			0			0			0		
70 & up	0			0			0			0		

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).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Cosmos Manufacturing, Inc. Employees' Pension Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Cosmos Manufacturing, Inc.

D Employer Identification Number (EIN)

36-2753905

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 7 Day 1 Year 2009			
2	Assets:			
a	Market value	2a		6,905,382
b	Actuarial value	2b		6,905,382
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	2	3,390,119
b	For terminated vested participants	3b	64	81,558
c	For active participants:			
(1)	Non-vested benefits	3c(1)		40,617
(2)	Vested benefits	3c(2)		1,833,650
(3)	Total active	3c(3)	112	1,874,267
d	Total	3d	178	5,345,944
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5	Effective interest rate	5		6.50 %
6	Target normal cost	6		130,650

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 in 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, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

02/17/2011
Date

Michael J. Holm
Type or print name of actuary

08-03916
Most recent enrollment number

RSM McGladrey
Firm name

(312)462-6706
Telephone number (including area code)

191 North Wacker Drive, Suite 1400

Chicago IL 60606-1921
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 see instructions [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding 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 (7.95) %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	129.17 %
15 Adjusted funding target attainment percentage	15	129.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	140.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.31 %	6.54 %	6.73 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	**37**	
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Attachment to 2009 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Cosmos Manufacturing, Inc. Employees' Pension Plan and Tru **EIN:** 36-2753905
Plan Sponsor's Name Cosmos Manufacturing, Inc. **PN:** 001

Describe any change in non-prescribed actuarial assumptions and justify any such change.
There no new changes in the non-prescribed actuarial assumptions.

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Schedule of Assets (Held at End of Year)
June 30, 2010

Plan Sponsor: **Cosmos Manufacturing, Inc.**
Plan EIN Number: **36-2753905**
Plan Number: **001**

Schedule H, Line 4i (IRS Form 5500) - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Merrill Lynch BIF Money Fund	Money Market Fund	$ 562,289	$ 562,289
	Alcoa, Inc.	Common Stock	6,819	2,010
	AOL, Inc.	Common Stock	508	125
	Bank of America Corp.	Common Stock	18,265	18,931
	Conagra Foods, Inc.	Common Stock	20,800	23,320
	Suntech Power Holdings Co. Ltd.	Common Stock	20,979	18,340
	Devon Energy Corp. New	Common Stock	21,399	21,322
	Exxon Mobil Corp.	Common Stock	8,025	11,414
	General Electric	Common Stock	26,243	25,956
	McGraw Hill Companies	Common Stock	9,425	11,256
	Medco Health Solutions 1	Common Stock	170	2,644
	Merck & Co Inc. SHS	Common Stock	3,003	6,994
	Microsoft Corp.	Common Stock	29,925	23,010
	NYSE Euronext	Common Stock	19,743	6,908
	Pepsico, Inc.	Common Stock	20,804	21,333
	Time Warner Cable, Inc.	Common Stock	2,553	833
	Time Warner, Inc. SHS	Common Stock	7,242	1,908
	BlackRock Global Allocation Fund, Inc. C	Mutual Fund	229,530	226,117
	Calamos Market Neutral Income Fund Class C	Mutual Fund	184,988	165,470
	Calamos Strategic Total Return Fund	Mutual Fund	200,784	231,000
	Taiwan Fund Inc.	Mutual Fund	26,566	26,300

Cosmos Manufacturing, Inc. Employees Pension Plan & Trust

Schedule of Assets (Held at End of Year), *Continued*
June 30, 2010

Plan Sponsor: **Cosmos Manufacturing, Inc.**
Plan EIN Number: **36-2753905**
Plan Number: **001**

Schedule H, Line 4i (IRS Form 5500) - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First Eagle Global Class C	Mutual Fund	175,625	212,108
	Franklin Investment Securities Trust Convertible Securities Fund Class C	Mutual Fund	184,987	143,122
	Lord Abbett Fundamental Equity Fund Class F	Mutual Fund	184,465	171,130
	iShares iBoxx $ High Yield Corporate Bond Fund	Mutual Fund	444,250	424,500
	iShares iBoxx Investment Grade Corporate Bond Fund	Mutual Fund	423,912	433,840
	Nuveen Multi-Strategy Income and Growth Fund 2	Mutual Fund	356,888	420,120
	Market Vectors Gold Miners ETF	Mutual Fund	1,444,732	1,558,800
	Powershares Financial Preferred Portfolio	Mutual Fund	345,311	630,240
	Powershares Global Exchange Traded Fund Trust	Mutual Fund	483,023	678,500
	SPDR Barclays Capital High Yield Bond ETF	Mutual Fund	464,292	529,620
	Standard & Poors Depositary Receipts	Mutual Fund	602,113	516,100
	S&P US Preferred Stock Index Fund	Mutual Fund	388,086	370,600
			$ 6,917,744	$ 7,496,160

*Denotes a party-in-interest as defined by ERISA.