## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.	- "			
Pa	art I Annual Report Id	lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	0/15/2	2010			
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participan	ıt plan		
В	This return/report is for:	first return/report	final retur	n/report		_			
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	☐ Form 5558 ☐	automatic	extension		DFVC program	n		
		special extension (enter descriptio				☐ - · · · · · · · · · · · · · · · · · ·			
Do	rt II Basic Plan Inform	<u> </u>	•				-		
		nation—enter all requested informa	ation		1h	Three-digit			
	Name of plan A METAL PRODUCTS, INC. 40	01(K) PLAN			10	plan number	004		
						(PN) <b>•</b>	001		
					1c	Effective date of			
						01/01/20			
	Plan sponsor's name and addre A METAL PRODUCTS, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification 11-3063			
DEL	A METAL PRODUCTS, INC.				20	(EIN) 11-3063 Plan sponsor's te			
	LUSHING AVENUE				20	718-855	-4200		
BRO	OKLYN, NY 11205				2d	Business code (s	ee instructions)		
					01	331200 Administrator's E	<del></del>		
3a DEL	Plan administrator's name and A METAL PRODUCTS, INC.	address (if same as Plan sponsor, er 476 FLUSHIN			30	IN 564			
		BROOKLYN,	NY 11205	5	3с	<b>3c</b> Administrator's telephone numb			
						718-855	-4200		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		<b>4</b> c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		4		
_	<ul><li>Total number of participants at the beginning of the plan year</li><li>Total number of participants at the end of the plan year</li></ul>						. 0		
	· ·	ith account balances as of the end of		:	5b				
С	·			` .	5с		0		
6a	Were all of the plan's assets d	luring the plan year invested in eligibl	le assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of th	ne annual examination and report of a	an indeper	ndent qualified public accountant (IQI	PA)				
	,	See instructions on waiver eligibility a		•			Yes No		
Da		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III   Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year 57837	7	(b) End o	of Year 0		
	Total plan assets		7a	07007	-		0		
b	•		. 7b	57837	_		0		
<u> </u>		'b from line 7a)	7c		-				
8	Income, Expenses, and Transf			(a) Amount		(b) To	otal		
а	Contributions received or recei  (1) Employers	vable from:	8a(1)	C	)				
	`, ',		8a(2)	C	)				
	• •	)		C	0				
b	, ,		8b	537	7				
C	, ,	8a(2), 8a(3), and 8b)	8c				537		
d		rollovers and insurance premiums							
	to provide benefits)		. 8d	58374	_				
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	C	_				
f	Administrative service provider	rs (salaries, fees, commissions)	8f	С	)				
g	Other expenses		. 8g	C	)				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				58374		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-57837		
i		ee instructions)		C	)				

	F	orm 5500-SF 2010 Page <b>2-</b>							
ar	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $^{2}$ F $^{2}$ G $^{2}$ A $^{2}$ J $^{2}$ R	racteris	stic Co	des in	the instr	uction	s:	
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	the instru	uctions	S:	
art	t V	Compliance Questions							
0		ng the plan year:		Yes	No		An	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					[	Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	[	Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.							•
lf y	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			,				
b	Enter the minimum required contribution for this plan year								
С	Ente	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A

### Part VII Plan Terminations and Transfers of Assets

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

X Yes No

#### 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/24/2011	MARK BEER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Be	nefit Guaranty Corporation	→ Complete all entries in acco	rdance with	the instructions to the Form 5500	SF.			
	art I		dentification Information				2 2 12 2 12 2		
For	For calendar plan year 2010 or fiscal plan year beginning $01/01/2010$ and ending $10/15/2010$								
Α	This reti	urn/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		nt plan		
В	This reti	urn/report is for:	first return/report	final retur	n/report				
_			an amended return/report	short plan	year return/report (less than 12 mor	nths)			
_	Charle k	box if filing under:	☐ Form 5558 ☐	╡	extension	·	DFVC progra	m	
C	Check	oox ii ming under.	님	3	, catalicion				
			special extension (enter descript						
	art II		mation—enter all requested inform	nation		4 1-	<del></del>		
1a	Name		ts, Inc. 401(k) Plan			10	Three-digit plan number		
	Derce	a Metai Floudo	.cs, inc. 401(k) 11an				(PN) •	00	1
						1c	Effective date of	plan	
							01/01/2002		
2a	Plan sp	ponsor's name and add	ress (employer, if for single-employers, Inc.	r plan)		2b	Employer Identif		nber
	Delt	a Metal Produc	ics, inc.			_	(EIN) 11-306		
						2C	Plan sponsor's to (718) 855-4		umber
	476	Flushing Avenu	e			24	Business code (		ions)
	Brook	klvn			NY 11205		331200	acc manuci	10113)
3a			d address (if same as Plan sponsor,	enter "Samo		3b	Administrator's E	EIN	
	Same								
					•	3с	Administrator's telephone number		
A 1	If the no	me and/or EIN of the n	lan sponsor has changed since the I	act roturn/ro	anort filed for this plan, enter the	A la			
			er from the last return/report. Spons		port lied for this plan, enter the	4b	EIN		<u> </u>
						4c	PN		
5a	Total r	number of participants a	at the beginning of the plan year			5a	1 1		4
b	Total r	number of participants a	at the end of the plan year			5b			0
С	Total r	number of participants	with account balances as of the end	of the plan v	ear (defined benefit plans do not	<del>"</del>		<u> </u>	
						5¢			0
6a	Were	all of the plan's assets	during the plan year invested in eligi	ble assets?	(See instructions.)			X Yes	No
b	Are yo	ou claiming a waiver of	the annual examination and report of	of an indepe	ndent qualified public accountant (IC	PA)	•	_ 	<u> </u>
					ions.)			X Yes	∐ No
Pa	art III	Financial Inform		rom 5500-	SF and must instead use Form 55	υυ.			
7		Assets and Liabilities	iation		(-) 5	$\overline{}$			
-					(a) Beginning of Year	-	(b) End	of Year	
	•	.!			57,83	→			0
					57.00	0	<del></del>		0
			7b from line 7a)	7с	57,83	4			0
8		e, Expenses, and Tran: butions received or rec	sfers for this Plan Year	ļ <u>.</u>	(a) Amount	-	(b) T	otal	
a			eivable from:	8a(1)		ol			
				<del></del>		7			
			s)			췽			
b					53	<u> </u>			
C			, 8a(2), 8a(3), and 8b)		33	<del>'' </del>			E 2.7
d			t rollovers and insurance premiums	8c		<del> </del>			537
-	to prov	vide benefits)		8d	58,37	4			
е			ctive distributions (see instructions)			0			
f			ers (salaries, fees, commissions)			히			
g						ō			
h			. 8e, 8f, and 8g)			1		5	8,374
i			ne 8h from line 8c)			_			,837)
j			see instructions)			0		, , ,	1

e de la companya de l	:	gardi e saarring oo is is is is	e a digitari kilinda da kaban sa ma	san sector of
	i			
	$\frac{1}{t} = \frac{t + t}{t} + \frac{t}{t} = \frac{t}{t}$	· · · · · · · · · · · · · · · · · · ·	ting the state of	Andrew Commence
	The second of th	e de la companya de	Control of the free control of the state of	
ر از در از در ۱۳۵۸ کام کام سردو ترسیمی با با در	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon	rayîl kirin tir û ji. Dilahîti. Yataringiyeyê den diliyeti.	and the Cody of the state of th
Washington China			មិនសម្រើ Compiliance	art VI Fension .
chedule SB (Form	ec," see instructions and complete S	funding requirements? (If "T	enefil plan schlect to minimum	7 Is this a defined 's
The notes is the No-	its of section 412 of the Code or sec	າດກາວນີ້ແລະ ບໍ່ ເປັນຄຸນ ຄຸ້ນເປັນຄຸ້ນ	adt at tagidus data coltudation	2 . Is this a defined of
		40.1	e 12a or 12h, 12c, 12d, and 12	
and ontentifie data of the tend utility	Leanthuntani des Toey diblio biologico			
Day transfer	Month			
e na elektrik in distribility kan	n 895d), and aldo to line 43. 🕝	noff) Edi alabahatan 91 bi	Stize, complete Illies 3, 2, an	ារី ២០១៩ក្រែកពីទី នាក់ប្តី ។
125	In the off has a character become		hill reflecting the many one of	marketta esperienti il
	1	and the second of the second o	en el el ever am a calibration de la	
			केंद्रिकेट के हैं के हैं की कोर्न है	
Anna Carren		تسا بينته فهنج وزياه الاستهالية التباعيان		
		The state of the s	namen in die State (1973) der Albert (1973) Der State (1973)	34 M (34.4 )
		•		
1945 A	والأرازي والمتعددي والمراجع والمتعددي	in the second of	Home Harry Carlotte	Equipment of the second
			karri pangajingan ing s	e sy partition in the
· · · · · · · · · · · · · · · · · · ·	,		en e	• · · · · · · · · · · · · · · · · · · ·
		i diagnosi.		
	•			1
		1	a section	
	• • • •	4.1		
			د العقدي والمعطات الالال المعطات الا	
and the second s	Hard to the factor of the fact	<del>Value de la la particio</del> na de la composicione della composicione della composicione della composicione della composicione della composicione dell	<u> </u>	Ministralia de la
स्थानका । इ.स.च्यावस्य मान्यस्थानका । रिक्षा १५० । एक्स पुरस्ति १० १० मान्यस्थान	gazengarat (ö. 1.82 biztenakoare, bertek B <del>azenkaratulea etti koarrekear</del> a betek	ล้า เอก เมลา ผู้ส่วกว่า ได้เรื่อสำคัญ เล่นได้ ที่เกษต์ที่ คระสมกับ และ ไม่ได้ คระ ประกั	dant de a elimbolo elektro <b>t</b> inak en komo oscept blanck, la colorida komo oscept blanck, la colorida	adu Car del Pullin de la
the second secon	and have standing a part of the		The second secon	grangerer gestere der er an 1992 Herringer unteren der er e
			and the second s	
وأروا المنافضين والمعابة والموار المغار ويبنيه	And the second s			

				_						
Par	IV Plan Characteristics									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2A 2J 2R									
b	If the plan provides welfare benefits, enter the applicable welfare feature codes	from the List of Plan Char	acteris	tic Code	s in th	ne instructio	ns:			
Part	V Compliance Questions									
10	During the plan year:			Yes	No	Α	mount			
а		e time period described in	10a		Х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not incl									
_	on line 10a.)	10b		X		_				
c d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond,				X					
-	or dishonesty?		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	Has the plan failed to provide any benefit when due under the plan?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end	)	10g		х		=			
h	If this is an individual account plan, was there a blackout period? (See instructi 2520.101-3.)		10h		х					
i	If 10h was answered "Yes," check the box if you either provided the required nexceptions to providing the notice applied under 29 CFR 2520,101-3	otice or one of the	10i					·		
Part										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes 5500))	," see instructions and co					☐ Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding requirements							X No		
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	Mc	nth		Day:	e date of the	Year			
-	Enter the minimum required contribution for this plan year						•			
	Enter the amount contributed by the employer to the plan for this plan year				2c	1 .		· ,		
ģ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e negative amount)	nter a minus sign to the le	ft of a	1	2d					
е	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?			[	Yes	No 📗	N/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year or any	prior year?					X Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this				3a			0		
	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?				trol 		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify	the pla	n(s) to						
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			13c(3)	PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report will be a	ssessed unless reasona	ble ca	use is es	stabli	ished.				
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare the Schedule MB completed and signed by an enrolled actuary, as well as the electric it is true, correct, and complete.	at I have examined this re	turn/re	port, incl	ludino	i, if applicat	ole, a Sche nowledge a	dule and		
SIGI	SIGN									
HER		Enter name of	individ	ual signi	ng as	plan admir	nistrator			
SIGI HER		Enter name of	individ	ual cioni	na 22	employer	or plan see	neor		
	,g	i Lincinante ul	uiviu	uru altıılı	ini ds	ennantivel (	a contract SOC			

Page **2-**[

Form 5500-SF 2010