#### Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number WW INDUSTRIAL GROUP INC. DEFINED BENEFIT PENSION PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 32-0045988 WW INDUSTRIAL GROUP INC. (EIN) 2c Plan sponsor's telephone number 1 BREWSTER STREET, SUITE 3 GLEN COVE, NY 11542 2d Business code (see instructions) 425120 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN W INDUSTRIAL GROUP INC. 1 BREWSTER STREET, 32-0045988 GLEN COVE, NY 11542 3c Administrator's telephone number 516-829-2715 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 158742 204628 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 158742 204628 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers)..... 8a(3) 45886 Other income (loss)..... 8b 45886 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 45886 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... 0

	Fo	orm 5500-SF 2010	Page <b>2-</b>	
Par	t IV	Plan Characteristics		
9a	If the	plan provides pension benefits, enter the applicable pension featu	ure codes from the List of Plan Characteristic Codes in the inst	tructions:

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

During the plan year:	1					
		Yes	No		Amoun	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c		Χ			
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
Has the plan failed to provide any benefit when due under the plan?	10f		Χ			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
VI Pension Funding Compliance			<u> </u>			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))				•	Y	s N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						s X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u> </u>	_
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth					
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_				
Enter the minimum required contribution for this plan year			12b			
Enter the amount contributed by the employer to the plan for this plan year			12c			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d			
negative amount)				Yes	No	N/A
•						
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets						s X N
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets					Ye	·
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?			 13a		Y6	
Will the minimum funding amount reported on line 12d be met by the funding deadline?	under	the co	13a ntrol			
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	13a ntrol			
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan to another plan(s), identify the plan to another plan(s).	under	the co	13a ntrol	N(s)	Y	s X N
Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	under	the co	13a ntrol	N(s)	Y	es 🖺 N
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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.	07/12/2011	QI WU
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/12/2011	QI WU
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning								File as a	an attach	nmen	t to Form	5500 or 5	5500-	SF.					
A Name of plan With HOUSTRUG ROUP INC, DEFINED BENEFIT PENSION PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINDUSTRUG ROUP INC, DEFINED BENEFIT PENSION PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINDUSTRUG ROUP INC.  E Type of plan:  Single  Multiple-B  F Proor year plan size: 100 or fewer 101-500  More than 500  Part I  Basic Information  E Type of plan:  Single  Multiple-B  F Proor year plan size: 100 or fewer 101-500  More than 500  Part I  Basic Information  1  Enter the valuation date:  Month  01  Day  01  Year 2010  2  Assets:	For o	alenda	r pla	an year 2010	or fisca	al plan ye	ear	beginning 01	1/01/2010	0				and endi	ng 1 <mark>2/</mark> 3	1/201	0		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Windows NDUSTRIAL GROUP INC.  E Type of plan: Single   Muliple-A   Muliple-B   F Prior year plan size: 100 or fewer   101-500   More than 500    B E Type of plan: Single   Muliple-A   Muliple-B   F Prior year plan size: 100 or fewer   101-500   More than 500    Part I   Basic Information  I Enter the valuation date: Month 01   Day 01   Year 2010    2 Assets: 2   2   2   158056    B Actuarial value. 2   2   158056    B Actuarial value   2   2   158056    B Actuarial value   2   2   158056    From retired participant count breakdown   (1) Number of participants   (2) Funding Target    B For retired participants and beneficiaries receiving payment   3a   0   0    B For retired participants and beneficiaries receiving payment   3a   0   0    C For active participants   (1) Number of participants   (2) Funding Target    I (1) Non-vested benefits   3c(1)   0    C For active participants   (3) Total active   3c(3)   2   76892    I (2) Vested benefits   3c(2)   76892    I (3) Total active   3c(3)   2   76892    I (4) Finding target difference of the box and complete terms (a) and (b)   1   1   1    B Finding target difference of the box and complete terms (a) and (b)   1   1   1   1    B Finding target difference of the assumptions   4a   1   1   1    B Finding target difference of the assumptions of the starting participant from the total disregarding prescribed actives assumptions   4a   1   1   1    B Finding target difference of the starting starting the starting starting the starting starting the starting starting activities assumptions   5   0.71 %    B File clive interest rate   5   0.71 %    B File clive int							ess	ed for late filing o	of this rep	ort ur	nless reaso	onable ca	use is	s establishe	ed.				
E Type of plan:	A Na	ame of NDUS	plar TRI	n AL GROUP I	NC, DE	FINED E	BEN	NEFIT PENSION I	PLAN				В	Ū			<b>&gt;</b>	001	
E Type of plan:																			
Part     Basic Information						n line 2a	a of	Form 5500 or 550	00-SF						dentifica	tion N	lumber (	(EIN)	
Enter the valuation date:   Month 01   Day 01   Year 2010	Ету	pe of pl	an:	X Single	Mult	tiple-A		Multiple-B		<b>F</b> Pr	ior year pla	n size: X	100	or fewer	101-5	00	More	than 500	
Enter the valuation date:   Month 01   Day 01   Year 2010	Pai	t I	Ba	sic Inforn	nation	1													
a Market value	1						/lon	th <u>01</u> D	Day01		_ Year 2	2010	_						
b Actuarial value	2	Assets	:																
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment 3 a 0 0 0 b For terminated vested participants. 3 b 0 0 0 c For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active 3 3c(2) 76892 (3) Total active 3 3c(3) 2 76892 d Total. (4) If the plan is at-fisk, check the box and complete items (a) and (b) 4 4 4 5 5 6 7692  4 If the plan is at-fisk, check the box and complete items (a) and (b) 4 5 76892  5 Effective interest rate. 5 Feffective interest rate. 6 Sazesas  Statement by Enrolled Actuary To the best of my knowledge, the intermation 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 in assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in combination, of my knowledge, the intermations unpilled in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with application by knowledge, the intermation of the plan and reasonable expectations) and such other assumptions in open and reasonable		а ма	arke	et value											2a				158058
a For retired participants and beneficiaries receiving payment		<b>b</b> Ad	ctua	rial value											2b				158058
b For terminated vested participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  (3) Total active.  (3) Total active.  (4) If the plan is at-risk, check the box and complete items (a) and (b).  (a) Funding target disregarding prescribed at-risk assumptions.  (b) Funding target disregarding prescribed at-risk assumptions.  (c) For active participants:  (d) Total.  (e) Vested benefits.  (e) John Land Land Land Land Land Land Land Lan	3	Fundin	g ta	rget/participa	ant coun	nt breakd	wob	'n				<b>(1)</b> N	umbe	r of particip	ants		(2)	Funding Targ	et
C For active participants:  (1) Non-vested benefits		a Fo	or re	etired particip	oants an	d benefi	icia	ries receiving pay	ment		3a				0				0
(1) Non-vested benefits		<b>b</b> Fo	or te	erminated ve	sted par	ticipants	S				3b				0				0
(2) Vested benefits		C F	or a	ctive particip	ants:														
d Total active		(1	)	Non-vested b	benefits.						3c(1)								0
d Total active		(2	2)	Vested bene	fits						3c(2)								76892
d Total			•							-					2				76892
4 If the plan is at-risk, check the box and complete items (a) and (b)		. `	•							-					2				76892
a Funding target disregarding prescribed at-risk assumptions.  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.  5 Effective interest rate.  5 6 32830  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, ofter my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  Date  11-02034  Type or print name of actuary  Most recent enrollment number  203-356-0306  Firm name  Telephone number (including area code)  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	4												П						
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	•												ш		40				
5 Effective interest rate		<b>b</b> Fu	ındi	ng target refl	lecting a	ıt-risk as	sur	nptions, but disre	garding t	ransit	ion rule fo	r plans tha	at ha	ve been	4h				
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  Date THEODORE ANDERSEN, M.A.A.A., MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Firm name  Telephone number (including area code)  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															_				0.74 **
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.  Signature of actuary  Date  THEODORE ANDERSEN, M.A.A.A., MSPA  Type or print name of actuary  PENSION ASSOCIATES  Type or print name of actuary  PENSION ASSOCIATES  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		Effectiv	/e ir	nterest rate											+				
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															6				32830
Signature of actuary THEODORE ANDERSEN, M.A.A.A., MSPA  Type or print name of actuary PENSION ASSOCIATES  Firm name  Firm name  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	SI	the best cordance mbination	of m with	y knowledge, the applicable law a	informatio	ions. In my	opin	nion, each other assump									pectations)	) and such other as	
THEODORE ANDERSEN, M.A.A.A., MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Firm name  Telephone number (including area code)  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	П	רעב				C'							_						-
Firm name  Telephone number (including area code)  Address of the firm  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	THEC	DORE	AN	DERSEN, M	.A.A.A.,	•	ture	of actuary					_					034	
2001 WEST MAIN STREET, SUITE 230 STAMFORD, CT 06902  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	PENS	ION AS	SSC	CIATES	Тур	pe or pri	nt r	name of actuary					_		Most r				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see					SUITE 2		ïrm	name						Te	lephone	numb	oer (inclu	uding area coo	de)
						Addr	ess	of the firm					-						
			has	not fully refl	ected ar	ny regula	atio	n or ruling promul	lgated un	nder th	ne statute	in comple	eting t	his schedu	e, check	the b	ox and	see	

Page	2-	1

Pa	rt II	Begir	nning of year	carryov	er and prefunding ba	lances							
				-			(a) (	Carryover balance		(b) F	Prefundi	ng balance	
7		_			icable adjustments (Item 13	-			0			14379	
8	Portion (	used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0	0			
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			14379	
10	Interest	on item	9 using prior year	's actual re	eturn of10.00 %				0			1438	
11					d to prefunding balance:								
	<b>a</b> Exce	ess conti	ributions (Item 38	from prior	year)							22697	
	<b>b</b> Inter	est on (a	a) using prior year	's effective	e rate of6.49 %							1473	
	<b>C</b> Total	availabl	le at beginning of c	urrent plan	year to add to prefunding bala	ance						24170	
	<b>d</b> Porti	on of (c)	) to be added to p	refunding I	balance							24170	
12	Reduction	on in bal	lances due to elec	tions or de	eemed elections				0			0	
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			39987	
P	art III	Fun	ding percenta	ages									
14											14	153.55 %	
15											15	205.55 %	
<ul> <li>Adjusted funding target attainment percentage</li> <li>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement</li> </ul>									16	80.00 %			
, , ,									17	%			
	art IV		tributions an		<u>·</u>			, ,					
				•	year by employer(s) and emp	olovees.							
	(a) Date		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pai	d by	(0	) Amou	nt paid by	
(N	IM-DD-Y	(YY)	employer	(s)	employees	(MM-DD	-YYYY)	employer(s	)		emplo	oyees	
							1		0		I	0	
						Totals ►	18(b)		_	18(c)		0	
19			•		structions for small plan with				•				
	_			•	nimum required contribution	. ,		_	19a			0	
	b Contributions made to avoid restrictions adjusted to valuation date												
					quired contribution for current y	ear adjusted	to valuation	date	19c			0	
20													
	_		-								_	Yes No	
				-	stallments for the current yea		timely man	ner?				Yes No	
	<b>C</b> If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap								
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	nd of Quarte	r of this pla (3)	n year 3rd			(4) 4th	<u> </u>	
		(1) 13			( <i>L</i> ) <i>L</i> IIV		(5)	0.0			(+)		

Pa	rt V Assumptio	ons used to determine t	funding target and ta	rget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed act	•		•		· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instr	uctions r	egarding required attac	hment	Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes X No
27	1 0	or (and is using) alternative fu	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)						
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus it	em 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		djusted, if applicable (see inst				31	0
32	Amortization installme		,		Outstanding Bala	ince	Installment
	a Net shortfall amort	tization installment				0	0
	<b>b</b> Waiver amortization	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34		ment before reflecting carryove				34	0
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	5)			36	0
37		ed toward minimum required c	•	•		37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 3	36 over it	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	

	Form 5500-SF 2010	P	Page <b>2-</b>						
Part	V Plan Characteristics								
9a ı	the plan provides pension benefits, enter the applicable pension featur	e codes from the List	of Plan Characterist	tic Co	des ir	the in:	structions:		
b ı	1A the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	of Plan Characteristic	c Cod	les in	the inst	tructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Α	mount	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Di	Correction Program)		10a		x			
~	on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		х			
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that was ca	used by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	ne benefits under the	plan? (See	10e		x			
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			10a		x			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 (	CFR	10h		х			. 11
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							XYes	∏No
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	irements of section 4						Yes	<b>X</b> No
	If a waiver of the minimum funding standard for a prior year is being all granting the waiver		Mont	s, and th	l ente	r th <b>e</b> da Day	ite of the lett	er ruling Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB  Enter the minimum required contribution for this plan year				٢	12b			
b	Enter the amount contributed by the employer to the plan for this plan				- 1	12c			
d d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus	sign to the left of a			12d			
е	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	. <u></u>	•	<u> </u>		Yes	□No	□N/A
?art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?			• _	·		Yes	<b>X</b> No
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year .		•		13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					ol • • •		. Yes	<b>X</b> No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another pl	an(s), identify the pla	an(s)	to			· ·	
	3c(1) Name of plan(s):				1:	3c(2) E	IN(s)	13c(3)	PN(s)
							•		
auti	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unlo	ess reasonable cau	se is	estal	blished	l.	<del></del>	
Jnder SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB sompleted and signed by an enrolled actuary, as well as	eclare that I have exa	mined this return/rep	ort, i	ncludi	ng, if a	pplicable, a 🤄	Schedule dge and	
500	it is true correct, and complete.	27/07/11	Oi Mu						
SIG HEI		Date	Qi Wu  Enter name of indi	ividus	al sian	ing as	nlan adminis	trator	
11		Date	Qi Wu	·viuuč	ai aiyii	y as	Pian auminis	u.UI	,
SIG		Date 7/07/M	Enter name of indi	ividus	al sign	ina se	employer or	nian snoos	or
CONTRACTOR OF		me : //U:///		.viuud	الكادي بم	do 1	CHIDIOYCI UI	- 1411 3PUIS	~1

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

WW Industrial Group Defined Benefit Plan 32-0045988 / 001 For the plan year 1/1/2010 through 12/31/2010

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

## Schedule SB, Part V Summary of Plan Provisions

### WW Industrial Group Defined Benefit Plan 32-0045988 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: WW Industrial Group

Type of Entity - C-Corporation

EIN: 32-0045988 TIN: Plan #: 001

**Dates:** Effective - 1/1/2006 Year end - 12/31/2010 Valuation - 1/1/2010

Top Heavy Years - 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

Early - Not provided

<u>Average Compensation:</u> Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of participation beginning year 1 limited to 10

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Face Amount minus Cash Value plus Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

# **Schedule SB, Part V Summary of Plan Provisions**

## WW Industrial Group Defined Benefit Plan 32-0045988 / 001

For the plan year 1/1/2010 through 12/31/2010

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

### **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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		File as a	an attachment to F	orm 5500	or 5500-SF.			
For ca	alendar plan year 2010 or fiscal plan year	beginning	01/01/2010		and ending	1.	2/31/201	0
	ound off amounts to nearest dollar.							
	ution: A penalty of \$1,000 will be assess	sed for late filing of thi	s report unless reas	onable car	<del></del>			
A Na	me of plan	- c' - t - c'			B	Three-d		
	WW Industrial Group Inc,	Delined Reneil	t Pension Pla	n		pian nur	mber (PN) ▶	001
<u>C DI</u>	L. C.	(F 5500 5500 l	~~					· N / (EAN
C Pla	an sponsor's name as shown on line 2a o	T Form 5500 or 5500-1	EZ		·   D			ion Number (EIN)
	WW Industrial Group Inc,					32-004	45988	
E Tvi	pe of plan: X Single Multip	le-A Multiple-B	F Prior ye	ear plan siz	ze: X 100 or fe	ewer [	101-500	More than 500
Part	900000	,						
<b>1</b> E	Enter the valuation date:	Month 01	_ Day01	_ Year	2010			
2	Assets:					-		
á	Market value	• • • • • • • • • • • • • • • • • • •				• • •	2a	158,058
<u>-</u>					1		2b	158,058
<b>3</b> F	Funding target/participant count breakdow	vn			(1) Number of	of particip	ants	(2) Funding Target
á	For retired participants and beneficiar	ies receiving payment	t	3a		0		0
ŀ	For terminated vested participants			3b		0		. 0
(	For active participants:							
	(1) Non-vested benefits			3c(1)				0
	(2) Vested benefits			3c(2)				76,892
	(3) Total active			3c(3)		2		76,892
	Total			3d	L	2	2:3269201112	76,892
	f the plan is at-risk, check the box and co				· · 📙	Г	4 -	
í	Funding target disregarding prescribe	•				• • • •	4a	
ı	Funding target reflecting at-risk assum		-	r plans tha	it have been		46	
	at-risk for fewer than five consecutive	<del></del>	<del>- 1 </del>	• • • • •		• • • •	4b	6.71
	Effective interest rate					• • • •	5	
	Farget normal cost			• • • • •	• • • • • • •	• • •	6	32,830
State	ment by Enrolled Actuary  To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer my best estimate of anticipated experience	each other assumption is reason						
SIG	N .	- 1 A						
HEF	RE	NV					06/30/20	)11
(2000)28222742923	Signa	ture of actuary					Date	
	Theodore Andersen, M.A.A.A	., MSPA					11-020	34
	Type or pr	int name of actuary				Most red	cent enrollm	ent number
	Pension Associates					(203)	356-030	6
	Fi	rm. name			Telep	hone nur	mber (includ	ing area code)
	2001 West Main Street, Suit	te 230						
US	Stamford CT	06902						
	Addre	ss of the firm						
f the a	ctuary has not fully reflected any regulation	on or ruling promulgate	ed under the statute	in comple	ting this sched	ule, check	k the box an	d see

Pa	art II   Begini	ning of year carryover a	and prefunding balances							
<u> </u>			·	(a)	) Carryover balance	(b)	Prefund	ling	balance	
7	Balance at be	ginning of prior year after a	pplicable adjustments (item 13 from	<del></del>						
	year)				0				1.	4,379
8			requirement (item 35 from prior yea		0					0
				<del></del>	0				1.	1,379
			al return of <u>10.00</u> %		0					1,438
			lded to prefunding balance:							
	· ·		or year)						2:	2,697
			ive rate of6.49 %							1,473
			plan year to add to prefunding balar	100000000000000000000000000000000000000					2.	4,170
			unding balance	782000000000000000000000000000000000000					2.	4,170
12		• •	r deemed elections	1	0					0
_			n 9 + item 10 + item 11d - item 12).		0				3:	9,987
Pa	art III Fund	ling percentages								
14							1	4	153.5	5 %
			ntage				$\overline{}$	5	205.5	
			ses of determining whether carryove					_		
	current vear's	funding requirement	· · · · · · · · · · · · · · · · · · ·		· • • • • • • • • • • • • •		1	6	80.0	0 %
17			an is less than 70 percent of the fund				1	7		%
Pa	art IV Conf	ributions and liquidity	shortfalls							
18	Contributions	made to the plan for the the	e plan year by employer(s) and empl	oyees:						
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c)	Amo	unt paid b	/
(N	/M-DD-YYYY)	employer(s)	émployees	(MM-DD-YYYY)	employer(s)			emp	loyees	
				•						
				Totals ► 18(b)		0	18(c)			
19	Discounted er	mployer contributions see	instructions for small plan with a val	uation date after th	he beginning of the year:					
	a Contributio	ons allocated toward unpaid	minimum required contribution from	prior years		19a				0
	<b>b</b> Contribution	ons made to avoid restriction	ns adjusted to valuation date			19b	1			0
	<b>c</b> Contribution	s allocated toward minimum re	equired contribution for current year adjus	sted to valuation date	e	19c				0
20	Quarterly con	tributions and liquidity short	fall(s):							
	a Did the pla	n have a "funding shortfall"	for the prior year?				🗅	Yes	XNo	)
	<b>b</b> If 20a is "Y	es," were required quarterly	y installments for the current year ma	ide in a timely mar	nner?		$\cdot \cdot \Box$	Yes	No	)
	c If 20a is "Y	es," see instructions and co	omplete the following table as applica	able:						
			Liquidity shortfall as of er	nd of Quarter of th	is plan year					
		(1) 1st	(2) 2nd	(3) 3rd		(4	4) 4th			

Design Assumptions used to determine t	unding toward and toward now	nal anat		
Part V Assumptions used to determine f	unding target and target norr	nai cost		
21 Discount rate:  a Segment rates:  1st segment	2nd segment	3rd segment		
a Segment rates: 1st segment 4.60 %	6.65 %	6.76 %		N/A, full yield curve used
<b>b</b> Applicable month (enter code)	l		21b	0
22 Weighted average retirement age			22	62
		Prescribed – separate		Substitute
Part VI Miscellaneous items		, roson	<u> </u>	
24 Has a change been made in the non-prescribe	d actuarial assumptions for the cu	rrent nian year? If "Yes " see	ineti	ructions regarding required
25 Has a method change been made for the curre				
26 Is the plan required to provide a Schedule of A		The state of the s		
27 If the plan is eligible for (and is using) alternation				
			27	
Part VII Reconciliation of unpaid minimu				
28 Unpaid minimum required contribution for all p		<u> </u>	28	0
29 Discounted employer contributions allocated to				
· ·			29	0
30 Remaining amount of unpaid minimum require			30	0
Part VIII Minimum required contribution f	or current year			
31 Target normal cost, adjusted, if applicable (see			31	0
32 Amortization installments:		Outstanding Balance		Installment
a Net shortfall amortization installment			Ó	0
<b>b</b> Waiver amortization installment			0	0
33 If a waiver has been approved for this plan yea	ar, enter the date of the ruling letter	granting the approval		
(Month Day Yea	ar) and the waived a	mount	33	o
34 Total funding requirement before reflecting car	ryover/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		0	0
<b>36</b> Additional cash requirement (item 34 minus ite	m 35)	<u> </u>	36	0
37 Contributions allocated toward minimum requir	ed contribution for current year ad	justed to valuation date		
(item 19c)		<u> </u>	37	0
38 Interest-adjusted excess contributions for curre	ent year (see instructions)		38	0
<b>39</b> Unpaid minimum required contribution for curre	ent year (excess, if any, of item 36	over item 37)	39	
<b>40</b> Unpaid minimum required contribution for all ye	ears		40	

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

### WW Industrial Group Defined Benefit Plan 32-0045988 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.60
Segment 2	6 - 20	6.65
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

or

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits