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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | |
|-------|--|----------------|-------------------------------------|--------------|--|
| For | calendar plan year 2009 or fiscal plan year beginning 12/31/2009 | 9 | and ending | 12/30/2 | 2010 |
| Α | This return/report is for: | multiple-e | employer plan (not multiemployer) | | one-participant plan |
| В | This return/report is for: first return/report | final retur | n/report | | |
| | an amended return/report | short plan | year return/report (less than 12 mo | nths) | |
| С | Check box if filing under: Form 5558 | extension | | DFVC program | |
| | special extension (enter descriptio | 11-42 | | _ | |
| Pa | art II Basic Plan Information—enter all requested information | ation | | | |
| | Name of plan | | | 1b | Three-digit |
| FRA | NKLIN INDUSTRIES, LLC PROGRAM | | | | plan number 001 |
| | | | | 10 | (PN) Figure (PN) Effective date of plan |
| | | | ' | 01/01/2004 | |
| | Plan sponsor's name and address (employer, if for single-employer | plan) | | 2b | Employer Identification Number |
| FRA | NKLIN INDUSTRIES, LLC | | | 20 | (EIN) 11-3268281 |
| 110 I | BARRETT ROAD | | | 20 | Plan sponsor's telephone number 516-371-9141 |
| | RENCE, NY 11559 | | | 2d | Business code (see instructions) |
| 20 | Discontinuity of the second selection of the selection of the second selection | | . m | 26 | 423990 |
| | Plan administrator's name and address (if same as Plan sponsor, er NKLIN INDUSTRIES, LLC 110 BARRET | |) ") | 30 | Administrator's EIN 11-3268281 |
| | LAWRENCE, | NY 11559 | 9 | 3с | Administrator's telephone number |
| 4 1 | If the name and/or EIN of the plan sponsor has changed since the las | nt rati ira/ra | nort filed for this plan anter the | 415 | 516-371-9141 |
| | name, EIN, and the plan number from the last return/report. Sponso | | port filed for this plan, enter the | 40 | EIN |
| | | | | 4c | PN |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | 3 |
| b | Total number of participants at the end of the plan year | | | 5b | 0 |
| С | Total number of participants with account balances as of the end of complete this item) | | | 5c | |
| 6a | | | | | X Yes □ No |
| b | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | , | | Yes No |
| Pa | If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information | orm 5500- | SF and must instead use Form 55 | 00. | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year |
| a | Total plan assets | 7a | 190595 | 9 | (b) End of Tear |
| b | Total plan liabilities | 7b | | 0 | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 190595 | 9 | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total |
| а | Contributions received or receivable from: | - 40 | | | |
| | (1) Employers | 8a(1) | | 0 | |
| | (2) Participants | 8a(2) | | 0 | |
| b | (3) Others (including rollovers) Other income (loss) | 8a(3) 8b | 1649 | 0 | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 10490 | 0 | 16498 |
| d | Benefits paid (including direct rollovers and insurance premiums | . 60 | | | 10400 |
| _ | to provide benefits) | 8d | 192245 | 7 | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | (| 0 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | (| 0 | |
| g | Other expenses | . 8g | | 0 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 1922457 |
| | | | | | |
| į | Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) | 8i | | | -1905959 |

| Part IV | Plan | Charac | teristics |
|---------|------|--------|-----------|

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

| | | ' '' | | | | | | | |
|-----|--------|---|---------|----------|--------|-------------|--------|---------|-------|
| art | ٧ | Compliance Questions | | | | | | | |
| 0 | Duri | ng the plan year: | | Yes | No | | Amo | unt | |
| 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 | s the plan covered by a fidelity bond? | 10c | X | | | | 3 | 00000 |
| d | | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | 10d | | X | | | | |
| е | insu | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.) | 10e | | X | | | | |
| f | Has | the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did 1 | he plan have any participant loans? (If "Yes," enter amount as of year end.) | 10q | | X | | | | |
| h | | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) | 10h | | X | | | | |
| i | | h 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 com | | | | | X | Yes | No |
| 2 | Is th | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 302 of | ERISA? | 🔲 | Yes | X No |
| | | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| | gran | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. | th | | | | | | |
| | | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Г | 12b | | | | |
| | | r the minimum required contribution for this plan year | | T | | | | | |
| | | r the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| a | | 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 | N | 0 | N/A |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has | a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | X | Yes | No |
| | If "Ye | es," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | 0 |
| b | Were | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC? | under | the co | | I | X | Yes | No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.) | he pla | n(s) to | 1 | | | | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) E | IN(s) | 1 | 3c(3) F | PN(s) |
| | | | | | | | | | |
| | | | | | | | | | |
| aut | ion: A | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | estab | lished. | I | | |
| nde | r pen | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti | urn/rep | port, ir | cludin | ng, if appl | | | |
| | | edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete. | report | t, and | to the | best of m | y know | edge a | ind |

| SIGN | Filed with authorized/valid electronic signature. | 10/31/2011 | HARVEY LIEBERMAN |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 10/31/2011 | HARVEY LIEBERMAN |
| 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).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

| For | For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010 | | | | | | | | | | | | | |
|--------------------------------------|---|---|---------------------|----------------------------|----------------|-------------------|--------------|-------------------|---------------|---------------|-----------------|----|--|--|
| | For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010 • Round off amounts to nearest dollar. | | | | | | | | | | | | | |
| | 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. | | | | | | | | | | | | | |
| | Caut | tion: A penalty of \$1,0 | 000 will be as | sessed for late filing | g of this repo | ort unless reaso | nable ca | iuse is establish | ed. | | | | | |
| A N | lame NKL | e of plan LIN INDUSTRIES, LLC | C PROGRAM | | | | | B Three-dig | , | • | 001 | | | |
| | | | | | | | | · | · · | | | | | |
| С | C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) | | | | | | | | | | | | | |
| FRANKLIN INDUSTRIES, LLC | | | | | | | | | | | | | | |
| | | | | | | | | 11-3268281 | | | | | | |
| E 1 | уре о | of plan: X Single | Multiple-A | Multiple-B | | F Prior year pla | n size: 🔀 | 100 or fewer | 101-500 | More th | an 500 | | | |
| Pa | rt I | Basic Informa | ation | | | | | | | | | | | |
| 1 | 1 Enter the valuation date: Month 12 Day 31 Year 2009 | | | | | | | | | | | | | |
| <u> </u> | 1 Enter the valuation date: Month 12 Day 31 Year 2009 2 Assets: | | | | | | | | | | | | | |
| 2 | | | | | | | | | 0- | | 40050 | | | |
| | а | Market value | | | | | | | 2a | | 19059 | _ | | |
| | b | Actuarial value | | | | | | | 2b | | 19059 | 59 | | |
| 3 | Fur | nding target/participar | nt count break | down | | | (1) N | lumber of partici | pants | (2) F | unding Target | | | |
| | а | For retired participa | ints and bene | ficiaries receiving p | ayment | 3a | | | 0 | | | 0 | | |
| | b | For terminated vest | ed participan | ts | | 3b | | | 0 | | | 0 | | |
| | С | For active participal | nts: | | | | | | | | | | | |
| | | (1) Non-vested be | enefits | | | 3c(1) | | | | | | 0 | | |
| | | ` ' | 's | | | 2 (2) | | | | | 17777 | 08 | | |
| | | ` ' | | | | | | | 3 | | 17777 | | | |
| | d | Total | | | | | | | 3 | | 17777 | | | |
| | | | | | | | | П | | | | | | |
| 4 | II tr | ne plan is at-risk, ched | ck the box and | a complete items (a | a) and (b) | ••••• | | - | | | | | | |
| | а | Funding target disre | garding pres | cribed at-risk assum | nptions | | | | 4a | | | | | |
| | b | Funding target refle | | | | | | | 4b | | | | | |
| | | at-risk for fewer tha | | | | | | | | | 4.70 - | _ | | |
| _5_ | Effe | ective interest rate | | | | | | | 5 | | 4.79 % | | | |
| 6 | Tar | rget normal cost | | | | | | | 6 | | | 0 | | |
| | | nt by Enrolled Actua | • | | | | | | | | | | | |
| | accord | best of my knowledge, the in lance with applicable law and nation, offer my best estimate | l regulations. În m | y opinion, each other assi | | | | | | | | | | |
| Ç | IGI | u T | | | | | | | | | | _ | | |
| | ER | | | | | | | | | 10/31/20 | 11 | | | |
| 01 | | | | ature of actuary | | | | | | Date | | | | |
| СНА | RLE | S STIPELMAN, FSPA | \ | | | | | _ | | 11-0228 | 86 | | | |
| | | | Type or p | rint name of actuary | y | | | | Most rec | ent enrollme | nt number | | | |
| PREFERRED PENSIONS, LLC 973-807-0101 | | | | | | | | | 101 | | | | | |
| | | | | Firm name | | | | | elephone nu | ımber (includ | ling area code) | _ | | |
| 3 G/ | RRE | ET MOUNTAIN PLAZA | | | | | | | | , | - / | | | |
| WOO | DLA | AND PARK, NJ 07424 | ļ. | | | | | | | | | | | |
| | | | Ado | lress of the firm | | | | = | | | | | | |
| | | ary has not fully reflec | cted any regu | lation or ruling pron | nulgated un | der the statute i | n comple | eting this schedu | ıle, check th | ne box and so | ee | | | |
| instru | ction | าร | | | | | | | | | _ | | | |

| age 2- | 1 | |
|---------------|---|--|
|---------------|---|--|

| Pa | rt II | Begin | ning of year | carryov | er and prefunding ba | lances | | | | | | | |
|----|---|-----------|----------------------|---------------|----------------------------------|---------------|----------------|---------------------|---------|-------|----------|------------|--|
| | , | | | | | _ | (a) (| Carryover balance | | (b) F | Prefundi | ng balance | |
| 7 | | - | • | | icable adjustments (Item 13 | • | | | 0 | | | 0 | |
| 8 | Portion (| used to | offset prior year's | funding re | quirement (Item 35 from prio | r year) | | | 0 | | | 0 | |
| 9 | Amount | remainii | ng (Item 7 minus i | tem 8) | | | | | 0 | | | 0 | |
| 10 | Interest | on item | 9 using prior year | 's actual re | eturn of12.22 % | | | | 0 | | | 0 | |
| 11 | | | | | d to prefunding balance: | | | | | | | | |
| | a Exce | ss contr | ributions (Item 38 | from prior | year) | | | | | | | 0 | |
| | b Inter | est on (a | a) using prior vear | 's effective | e rate of | | | | | | | 0 | |
| | | | | | year to add to prefunding bala | | | | | | | 0 | |
| | d Portion of (c) to be added to prefunding balance | | | | | | | | | | | | |
| 12 | | | 0 | | | | | | | | | | |
| 13 | 12 Reduction in balances due to elections or deemed elections | | | | | | | | | | | 0 | |
| | art III | | ding percenta | | | , , | | | ı | | | | |
| 14 | Funding | | <u> </u> | | | | | | | | 14 | 107.21 % | |
| 15 | | | | | | | | | | | 15 | 107.21 % | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | is less than 70 percent of the | | | | | | 17 | % | |
| | art IV | | tributions and | | <u>.</u> | | | | | | <u> </u> | | |
| | | | | • | vear by employer(s) and emp | olovees. | | | | | | | |
| | (a) Date | | (b) Amount p | | (c) Amount paid by | (a) D | Date | (b) Amount pa | aid by | (0 | c) Amou | nt paid by | |
| (N | IM-DD-YY | YYY) | employer(| (s) | employees | (MM-DD | -YYYY) | employer(| s) | | empl | oyees | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | , | | |
| | | | | | | Totals ► | 18(b) | | | 18(c) | | | |
| 19 | Discount | ted emp | loyer contributions | s – see ins | structions for small plan with | a valuation | date after th | ne beginning of the | e year: | | | | |
| | a Contri | butions | allocated toward | unpaid mir | nimum required contribution | from prior ye | ears | | 19a | | | 0 | |
| | b Contri | butions | made to avoid res | strictions a | djusted to valuation date | | | | 19b | | | 0 | |
| | C Contri | butions a | allocated toward mi | inimum req | uired contribution for current y | ear adjusted | l to valuatior | n date | 19c | | | 0 | |
| 20 | Quarterly | y contrib | outions and liquidit | ty shortfall: | s: | | | | | | | | |
| | a Did th | e plan h | ave a "funding sh | ortfall" for | the prior year? | | | | | | | Yes X No | |
| | b If 20a | is "Yes, | " were required qu | uarterly ins | stallments for the current year | ır made in a | timely man | ner? | | | <u> </u> | Yes No | |
| | C If 20a | is "Yes, | " see instructions | and comp | lete the following table as ap | plicable: | | | | | | _ | |
| | | | | - | Liquidity shortfall as of er | nd of Quarte | er of this pla | ın year | | | | | |
| | | (1) 15 | st | | (2) 2nd | | (3) | 3rd | | | (4) 4th | 1 | |
| | | | | | | ı | | | | | | | |

| Pa | rt V Assumptio | ons used to determine t | unding target and ta | rget n | ormal cost | | |
|----|------------------------------|---|--------------------------------|------------|-------------------------|-------------|---------------------------------------|
| 21 | Discount rate: | | | | | | |
| | a Segment rates: | 1st segment: 4.71 % | 2nd segment: 6.67 % | | 3rd segment: 6.77 % | | N/A, full yield curve used |
| | b Applicable month | (enter code) | | | | 21b | 0 |
| 22 | Weighted average ret | tirement age | | | | 22 | 65 |
| 23 | Mortality table(s) (see | e instructions) X Pre | escribed - combined | Preso | ribed - separate | Substitute | e |
| 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 X No |
| 26 | Is the plan required to | provide a Schedule of Active | Participants? If "Yes," see | instructi | ons regarding required | attachment. | X Yes 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 | ' ' | contributions allocated toward | | | ' ' | 29 | 0 |
| 30 | Remaining amount of | f unpaid minimum required cor | ntributions (item 28 minus ite | em 29) | | 30 | 0 |
| Pa | rt VIII Minimum | required contribution | for current year | | | | |
| 31 | | djusted, if applicable (see inst | | | | 31 | 0 |
| 32 | Amortization installme | | • | | Outstanding Bala | ince | Installment |
| | a Net shortfall amort | tization installment | | | | 0 | 0 |
| | b Waiver amortization | on installment | | | | 0 | 0 |
| 33 | | approved for this plan year, en Day Year | | | | 33 | 0 |
| 34 | 0 , | 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 | i) | | | 36 | 0 |
| 37 | | ed toward minimum required co | • | • | | 37 | 0 |
| 38 | Interest-adjusted exce | ess contributions for current ye | ear (see instructions) | | | 38 | 0 |
| 39 | Unpaid minimum requ | uired contribution for current ye | ear (excess, if any, of item 3 | 36 over it | em 37) | 39 | 0 |
| 40 | Unpaid minimum regu | uired contribution for all years | | | | 40 | |

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| F | ?art I │ Annual Repe | ort Identification Information | 1 | | | | |
|----------|--|---|---------------------------------|--------------------|------------------------------|--|--|
| Foi | r the calendar plan year 20 | 09 or fiscal plan year beginning | 12/3 | 1/2009 | and ending | 12 | /30/2010 |
| Α | This return/report is for: | x single-employer plan | multiple-e | mployer plan (r | not multiemployer) | Γ | one-participant plan |
| В | This return/report is for: | first return/report | x final return | n/report | | _ | |
| | | an amended return/report | short plan | vear return/ren | oort (less than 12 mont | hs) | |
| С | Check box if filing under: | Form 5558 | H | extension | | г Г | DFVC program |
| • | onook box ii iiiiig andor. | x special extension (enter descrip | \Box | | | Ŀ | _ Si vo program |
| ъ | art II Basic Plan II | <u> </u> | | .1-42 | | | |
| - | Name of plan | nformation enter all requested i | intormation. | | | 1h - | Three-digit |
| | · | | | | | ļ ķ | olan number |
| | FRANKLIN INDUSTRI | ES, LLC PROGRAM | | | | | PN) ▶ 001 |
| | | | | | | | Effective date of plan |
| 2a | Plan sponsor's name and | address (employer, if for single-employ | er plan) | | | | Employer Identification Number |
| | FRANKLIN INDUSTRI | ES, LLC | | | | (| EIN) 11-3268281 |
| | 110 Barrett Road | | | | | | Plan sponsor's telephone number (516) 371-9141 |
| | | | | | | | Business code (see instructions) |
| | Lawrence | NY 11559 | | | | 4 | 123990 |
| зa | Pian administrator's name Same | and address (If same as plan employe | r, enter "Same' | ") | | 3b / | Administrator's EIN |
| | | | | | | | |
| | | | | | | 3c / | Administrator's telephone number |
| | | | | | | | |
| 4 | If the name and/or EIN of the name EIN and the plan or | the plan sponsor has changed since the umber from the last return/report. Spons | e last return/rep sor's Name | ort filed for this | plan, enter the | 4b E | EIN |
| | , <u>_</u> | | | | | 4c F | PN |
| 5a | | ts at the beginning of the plan year | | | | 5a | 3 |
| b | | ts at the end of the plan year | | | | <u>5b</u> | 0 |
| С | | ts with account balances as of the end | | | | 5c | |
| 6a | | ts during the plan year invested in eligit | | | | | · · · · X Yes No |
| b | Are you claiming a waiver | of the annual examination and report of | f an independe | nt qualified pub | lic accountant (IQPA) | | |
| | | 6? (See instructions on waiver eligibility either 6a or 6b, the plan cannot use l | | | | • • | Yes No |
| D. | irt III Financial Info | | | and must ms | tead use Form 5500. | | |
| 7 | Plan Assets and Liabilities | | 2.03.681561 | (a) Ro | eginning of Year | 1 | (b) End of Year |
| a | | | 7a | (a) De | | + | |
| b | Total plan liabilities | | 7b | | 1,905,959 | | 0 0 |
| С | Net plan assets (subtract li | ine 7b from line 7a) | | | 1,905,959 | + | 0 |
| <u>~</u> | Income, Expenses, and Tr | | | , | a) Amount | | |
| a | Contributions received or r | | | (1 | a) Amount | | (b) Total |
| | (1) Employers | | 8a(1) | | 0 | | |
| | (2) Participants | | 8a(2) | | 0 | 1000 | erapajor de Socialista de Composições de Composições de Composições de Socialista de Composições de C |
| _ | • • • | vers) | <u>8a(3)</u> | | 00 | 23 27 | |
| b | Other income (loss) | | 8b | | 16,498 | | |
| d | | 1), 8a(2), 8a(3), and 8b) ect rollovers and insurance premiums | <u>8c</u> | | | | 16,498 |
| u | to provide benefits) | ect rollovers and insurance premiums | 8d | | 1,922,457 | | |
| е | | rrective distributions (see instructions) | | | 1,922,457 | | |
| f | | viders (salaries, fees, commissions). | | | 0 | | |
| g g | · · | • | 8g | | 0 | | |
| _ | Total expenses (add lines t | 8d 8e 8f and 8d) | 8h | | energy Political Congression | | 1,922,457 |
| i | Net income (loss) (subtract | | | | | | (1,905,959) |
| i | | n (see instructions) | | | 0 | | |
| | | | ٠, -, | 1 | • | Control of the contro | |

| Pai | IV Plan Characteristics | | | | | | |
|----------|---|---|--|---|---------------------|--------------------------------|--------------------|
| 9a | If the plan provides pension benefits, enter the applicable pension fea | ture codes from the Li | st of Plan Characteristic | Code | s in the | instructions: | |
| b | f the plan provides welfare benefits, enter the applicable welfare feat | ure codes from the Lis | t of Plan Characteristic (| Codes | in the i | nstructions: | |
| Pa | tV Compliance Questions | | | | | | |
| 10 | During the plan year: | | | Yes | No | An | nount |
| a | Was there a failure to transmit to the plan any participant contribution | on within the time perio | d described in | | x | | |
| L | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia | , | , | 1 | <u> </u> | | |
| b | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | | · I | Ĺ | x | | |
| | | | 40- | | | | 300,000 |
| ب ح | Was the plan covered by a fidelity bond? | | | | | | 300,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty? | | | | x | | |
| _ | Were any fees or commisions paid to any brokers, agents, or other | naraana hu an inaurar | | 1 | | | |
| е | insurance services or other organization that provides some or all o | | | | , | | |
| | instructions.) | | | 1 | x | | |
| f | Has the plan failed to provide any benefit when due under the plan? | · | 10f | ļ | x | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year end.) | 10g | | x | | |
| h | If this is an individual account plan, was there a blackout period? (S | | | | x | | |
| | 2520.101-3.) | | | | ^ | | |
| | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- | | | | | | |
| Par | VI Pension Funding Compliance | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | | | | | | X Yes □ No |
| 12 | Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica | | 412 of the Code or sect | ion 302 | 2 of ER | ISA? | Yes X No |
| a If | If a waiver of the minimum funding standard for a prior year is being granting the waiver | | Month | | | | tter ruling ear |
| b | Enter the minimum required contribution for this plan year | | | | 12b | | |
| C | Enter the amount contributed by the employer to the plan for this pla | an year | | . L | 12c | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | • | s sign to the left of a | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the | e funding deadline? . | <u> </u> | | | Yes | No N/A |
| Pari | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan | | | <u>.</u> | | | X Yes No |
| | If "Yes," enter the amount of any plan assets that reverted to the en | ployer this year | | <u>· · · · · · · · · · · · · · · · · · · </u> | 13a | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, of the PBGC? | | | | trol | | X Yes ☐No |
| | If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.) | n this plan to another p | plan(s), identify the plan | (s) to | | | |
| | 3c(1) Name of plan(s): | | | 13 | 3c(2) Ei | N(s) | 13c(3) PN(s) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Caut | on: A penalty for the late or incomplete filing of this return/repor | t will be assessed u | iless reasonable caus | e is es | tablish | ied. | |
| SB o | penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, carrect, and complete. | declare that I have ex as the electronic version | amined this return/report on of this return/report, a | rt, inclu and to t | iding, if he bes | applicable, a t of my knowl | Schedule edge and |
| SIC | V-th 1 | 10/3/111 | Harvey Lieberma | ın | | | |
| HE | | Date | Enter name of individu | | ing as | plan administ | rator |
| | NAME OF THE PARTY | | | 5 | | | |
| SIG | ****** | Data | Enter name of individu | al cian | ina ee | employer or r | lan enoneor |
| | Signature of employer/plan sponsor | Date | Enter name of individu | ıdı sign | my as | employer of t | naii sponsor |

Page **2-**

Form 5500-SF 2009

5500-SF Electronic Filing Authorization

Plan Name:

FRANKLIN INDUSTRIES, LLC PROGRAM

EIN/PN:

11-3268281/001

Plan Year:

12/31/2009 - 12/30/2010

I hereby authorize Charles Stipelman, F.S.P.A. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

ATTACHMENTS – FORM 5500, SCHEDULE SB (PYE 12/30/2010)

Plan: Franklin Industries, LLC Program

EID#: 11-3268281 / 001

PART V , Line 22: WTD AVE RET AGE

All participants assumed to retire at normal retirement age

ATTACHMENTS - FORM 5500, SCHEDULE SB (PYE 12/30/2010)

Plan: Franklin Industries, LLC Program

EID#: 11-3268281 / 001

Part V: SUMMARY OF PLAN PROVISIONS

Eligibility:

Full time employees who have attained the age of 21 and have

completed 1 year of service. Entry is on the December 31st

nearest the completion of the requirements.

Vesting:

100%

Normal Retirement:

The later of age 65 or the 5th anniversary of plan participation.

Benefit Formula:

A monthly pension of 10.2% of compensation per year of

participation to a maximum of 5 years. Benefit accruals frozen as

of May 1, 2008.

Compensation:

Three (3) highest consecutive years.

Accrued Benefit:

Unit credit

Normal Form of Benefit:

Monthly benefits are payable on a life annuity basis.

Alternative Forms:

Actuarial equivalence of Normal Form - Lump Sum, Period

Certain, Joint and survivor

Death Benefit:

Fully vested present value of accrued benefit.

Actuarial Equivalence:

Interest:

5.5% pre and post retirement

Pre-Retirement Mortality:

None

Post Retirement Mortality:

1994 Group Annuity Reserving (GAR), unisex

ATTACHMENTS - FORM 5500, SCHEDULE SB (PYE 12/30/2010)

Plan: Franklin Industries, LLC Program

EID#: 11-3268281 / 001

PART V: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest:

4.71%, 6.67%, 6.77%

Mortality:

Prescribed, combined – 2009

Insurance:

None

Turnover: Salary scale:

None assumed

Expense factor:

None assumed None assumed

Normal retirement:

On normal retirement date

Non prescribed assumptions:

None

Valuation date:

First day of plan year

Cost method:

Unit credit

| ATTACH | MENTS - F | ORM 5500 |), SCHEDUI | E SB | | | T | |
|----------|--------------|-------------|------------|---|---------------|----------------|--|------------|
| PLAN YE | EAR END: | 12/30/10 |) | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | - | |
| | | | | | | | <u> </u> | |
| PLAN: | Franklin I | dustries, L | LC Program | | | - | | |
| EID#: | 11-326828 | | | | | | | |
| PART V, | Line 26 : SC | HEDULE | OF ACTIVE | EPARTICIE | PANTS | | | |
| | | | | | 71115 | | | |
| Service | | 0 thru 4 | 5 thru 9 | 10 thru 14 | 15 thru 19 | 20 thru 24 | 25 thm, 20 | 30 or more |
| Ages | | | | | 13 611 (4 1) | 20 tinu 24 | 25 tilt 29 | or more |
| Under 21 | } | | | | - | | | |
| 21-24 | | | | - | | | | |
| 25-29 | | | - | | | | | |
| 30-34 | | | | | · | - - | | - |
| 35-39 | | · | | | <u> </u> | | - - | |
| 40-44 | | | _ | | | | | |
| 15-49 | | | | | - | | | |
| 50-54 | | | 1 | | | | | |
| 55-59 | | | | | | | | |
| 60-64 | | | | | 1 | | | |
| 55 + | · - - | | | | 1 | | | |

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

| | The de divided interest of | 01111 0000 | 01 0000-0 | <i>"</i> . | | | | | | | | | | |
|-----------|---|--|--------------------------------------|---|--------------------------|-------------------------------------|---------------|--------------|--|--|--|--|--|--|
| | calendar plan year 2009 or fiscal plan year beginning 12/31/2009 | | and er | nding | 12/30 | /2010 | | | | | | | | |
| | Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea | sonable ca | ause is est | ablished. | • | | | , | | | | | | |
| A۱۱ | Name of plan FRANKLIN INDUSTRIES, LLC PROGRAM | | | B Three plan n | | (PN) ▶ | 001 | | | | | | | |
| CF | Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ | | | D Emplo | ver ide | ntification | Number (CIM | | | | | | | |
| | FRANKLIN INDUSTRIES, LLC 11-3268281 | | | | | | | | | | | | | |
| E T | | ear plan si | ze: X 100 | or fewer | 10 | 1-500 | More than | 500 | | | | | | |
| 1 | Enter the valuation date: Month 12 Day 31 | _ Year | 2009 | | | | | | | | | | | |
| 2 | Assets: | | | | | | | | | | | | | |
| | a Market value | | | | 2a | | 1,905 | 5.959 | | | | | | |
| | b Actuarial value | | | | 2b | | 1,905 | ' | | | | | | |
| 3 | Funding target/participant count breakdown | | (1) Num | ber of partic | ipants | (2) | Funding Targ | get | | | | | | |
| | a For retired participants and beneficiaries receiving payment | 3a | | 0 | | | | 0 | | | | | | |
| | b For terminated vested participants | <u>3b</u> | | . 0 | | | | 0 | | | | | | |
| | C For active participants: | | | | | | | | | | | | | |
| | (1) Non-vested benefits | 3c(1) | | | | | | 0 | | | | | | |
| | (2) Vested benefits | 3c(2) | | | | | 1,777 | 7,708 | | | | | | |
| | (3) Total active | 3c(3) | | 3 | | | 1,777 | 7,708 | | | | | | |
| 4 | C Total | 3d | | 3 | | | 1,777 | 7,708 | | | | | | |
| | If the plan is at-risk, check the box and complete lines a and b | • • • • • | • • 🔲 | | 4- | | | | | | | | | |
| | b Funding target disregarding prescribed at-risk assumptions | r nlana the | | | 4a | | | | | | | | | |
| | at-risk for fewer than five consecutive years and disregarding loading factor | ı hıanş ma | at Have bee | 311 | 4b | | | | | | | | | |
| 5 | Effective interest rate | • • • • • | | | | | 4.79 | | | | | | | |
| 6 | Target normal cost | · · · · · · | | · · · · · | 5 6 | | - 4.79 | 0 | | | | | | |
| | ment by Enrollet Actuary | • • • • • | • • • • • | | | | | | | | | | | |
| | To the best of my fnowledge, the information supplied in this sengule and accompanying schedules, statements and attachm accordance with applicable law and regulations. In my solon, each other assumption is recommended, taking into account the expension of the my best estimate of anticipated expensions under the plan. | nents, if any, is o perience of the p | complete and acc plan and reasons | curate. Each oresri able expectations) | bed assum and such ot | ption was applie her assumptions | d in s, in | | | | | | | |
| SIC HE | | | | | 10/3 | 1/2011 | | | | | | | | |
| | Signature of actuary | | | | • | Date | | | | | | | | |
| | Charles Stipelman, FSPA | | | | 11- | -02286 | | | | | | | | |
| | Type or print name of actuary | | | Most re | cent er | rollment n | umber | | | | | | | |
| | Preferred Pensions, LLC | | | (973) | 807- | -0101 | | | | | | | | |
| | Firm name | | Т | elephone nu | mber (i | including a | rea code) | | | | | | | |
| | 3 Garret Mountain Plaza - Suite 201 1 | | | | | | | | | | | | | |
| US | Woodland Park NJ 07424 | | | | | | | | | | | | | |
| | Address of the firm | | | | | | | | | | | | | |
| the a | ctuary has not fully reflected any regulation or ruling promulgated under the statute tions | in comple | ting this so | chedule, che | ck the I | oox and se | e | 1 | | | | | | |

| Part II Beginning of year carryove | er and prefunding balances | | | | | | | |
|--|--|----------------------------------|--|-----|-------------|---------|------------|--|
| | | (a) | (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 fund | ar) | 0 | | | | 0 | | |
| 9 Amount remaining (item 7 minus item 8) | | | 0 | | | | 0 | |
| 10 Interest on item 9 using prior year's actual return of12.22_% | | | 0 | | | | 0 | |
| 11 Prior year's excess contributions to be added to prefunding balance: | | | | | | | | |
| a Excess contributions (item 38 from prior year) | | | | | | | Ó | |
| b Interest on (a) using prior year's effective rate of 5.95 % | | | | | | | 0 | |
| c Total available at beginning of current plan year to add to prefunding balance | | | | | | | 0 | |
| d Portion of item (c) to be added to prefunding balance | | | | | | | 0 | |
| 12 Reduction in balances due to elections or deemed elections | | | 0 | ļ | | | 0 | |
| | 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 | | <u> </u> | · · · · · · · · · · · · · · · · | | . 14 | 107.21 | % | |
| 15 Adjusted funding target attainment pe | centage | <u> </u> | | | . 15 | 107.21 | % | |
| 16 Prior year's funding percentage for pu | 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 | 99.48 | % | |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | | | | | | | % | |
| Part IV Contributions and liquidi | y shortfalls | | | | | | | |
| 18 Contributions made to the plan for the | the plan year by employer(s) and emp | loyees: | | | | | | |
| (a) Date (b) Amount paid b | (a) Date | (b) Amount paid by (c) Amount pa | | | unt paid by | | | |
| (MM-DD-YYYY) employer(s) | employees | (MM-DD-YYYY) | employer(s) | | employees | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| · | | | | | | | | |
| | | | ****** | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Totals ► 18(b) | | 1 | 8(c) | | | |
| 19 Discounted employer contributions : | ee instructions for small plan with a va | luation date after t | he beginning of the year: | | | | | |
| a Contributions allocated toward unpaid minimum required contribution from prior years [| | | | | | <u></u> | 0 | |
| b Contributions made to avoid restrictions adjusted to valuation date | | | | 19b | | | 0 | |
| Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | 0 | |
| 20 Quarterly contributions and liquidity shortfall(s): | | | | | | | childrich. | |
| a Did the plan have a "funding shortfall" for the prior year? | | | | | | | | |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | |
| c If 20a is "Yes," see instructions and complete the following table as applicable: | | | | | | | | |
| | Liquidity shortfall as of e | nd of Quarter of thi | is plan year | | | | | |
| (1) 1st | (2) 2nd | (3) 3rd |) 3rd (4) 4th | | 4th | | | |
| | | | | | | | | |
| | | | | | | | | |

| Part V Assumpt | tions used to determine f | unding target and target norr | nal cost | | | |
|--|---------------------------------------|---------------------------------------|-------------------------------|--------|------------------------------|--|
| 21 Discount rate: | 4.6 | Ondonest | 2-4 4 | | T | |
| a Segment rates: | 1st segment | 2nd segment | 3rd segment | | N/A, full yield curve used | |
| | 4.71 % | 6.67 % | 6.77 % | | | |
| b Applicable month | 21b | 0 | | | | |
| 22 Weighted average | 22 | 65 | | | | |
| 23 Mortality table(s) | 8 | Substitute | | | | |
| Part VI Miscella | | | | | | |
| 24 Has a change be | en made in the non-prescribe | d actuarial assumptions for the cu | rrent plan year? If "Yes," se | e ins | tructions regarding required | |
| attachment | | | | | Yes X No | |
| 25 Has a method cha | ange been made for the curre | nt plan year? If "Yes," see instruct | ions regarding required atta | chme | ent Yes 🕱 No | |
| 26 is the plan require | ed to provide a Schedule of A | ctive Participants? If "Yes," see in | structions regarding require | d atta | achment X Yes No | |
| 27 If the plan is eligib | ole for (and is using) alternativ | e funding rules, enter applicable of | code and see instructions | | | |
| regarding attachm | | 27 | | | | |
| Part VII Reconci | iliation of unpaid minimus | n required contributions for | prior years | | | |
| 28 Unpaid minimum | 28 | 0 | | | | |
| 29 Discounted emplo | | | | | | |
| (item 19a) | | | | 29 | 0 | |
| 30 Remaining amour | 30 | 0 | | | | |
| | m required contribution fo | | | | | |
| 31 Target normal cos | 31 | 0 | | | | |
| 32 Amortization insta | illments: | | Outstanding Balance | | Installment | |
| a Net shortfall amor | et shortfall amortization installment | | 0 | 0 | | |
| bWaiver amortizati | on installment | <u> </u> | | 0 | 0 | |
| | | r, enter the date of the ruling lette | r granting the approval | | | |
| (Month | Dav Yea | | | 33 | 0 | |
| | uirement before reflecting carr | vover/prefunding balances | | | | |
| (item 31 + item 32 | 34 | 0 | | | | |
| THOM OF A MONTON | TO THE ROLL OF | Carryover balance | Prefunding Balance | | Total balance | |
| 35 Balances used to | offset funding requirement | 0 | | 0 | 0 | |
| 36 Additional cash re | 36 | 0 | | | | |
| | | | | | | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) | | | | | 0 | |
| | 37 38 | 0 | | | | |
| 38 Interest-adjusted excess contributions for current year (see instructions) | | | | | | |
| 40 Unpaid minimum required contribution for all years | | | | | | |
| TO CIPUIG IIIIIIIIIII | roquired contribution for an ye | | | 40 | l | |