Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor ree Benefits Security Administration

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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 08/28/2010)	and ending 0	8/27/2	2011			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	automatic	extension	DFVC program				
	special extension (enter descriptio	n)						
Pa	art II Basic Plan Information—enter all requested informa	,						
	Name of plan	20011		1b	Three-digit			
	S INDUSTRIES, INC. PENSION PLAN				plan number			
					(PN) ▶			
				1C	Effective date of plan 08/28/1981			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	S INDUSTRIES, INC.	μ.α,			(EIN) 04-3718136			
E OF	DELL PLAZA			2c	Plan sponsor's telephone number 914-885-1500			
	IKERS, NY 10701			24	Business code (see instructions)			
				Zu	332900			
	Plan administrator's name and address (if same as Plan sponsor, er		e")	3b	Administrator's EIN			
5 &	S INDUSTRIES, INC. 5 ODELL PLA YONKERS, N		•	20	04-3718136			
				30	Administrator's telephone number 914-885-1500			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI			
	Total number of participants at the beginning of the plan year			5a	37			
b			}	5b	35			
C			}	่อม				
	complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No			
b	- ,				X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	art III Financial Information	21111 0000	or and mast motera ase rorm oot	,				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	768290		780049			
b	Total plan liabilities	7b	123		123			
С		7c	768167		779926			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а								
	(1) Employers	8a(1)						
	(2) Participants	8a(2)		_				
h	(3) Others (including rollovers)	8a(3)	69635					
b	` ,	8b	00000		69635			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
u	to provide benefits)	8d	50976					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	6900					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			57876			
i	Net income (loss) (subtract line 8h from line 8c)	8i			11759			
•	() (<u> </u>						

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plant II 3D	n Charac	teris	tic Co	des in	the instruc	ctions:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Charact	erist	ic Co	des in t	he instruc	tions:	
art	V	Compliance Questions							
0	Durir	ng the plan year:			Yes	No		Amount	1
а		there a failure to transmit to the plan any participant contributions within the time period describer 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		l0a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rep ne 10a.)		0b		X			
С	Was	s the plan covered by a fidelity bond?	1	0с	X				1000000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by shonesty?		0d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie rance service or other organization that provides some or all of the benefits under the plan? (Se uctions.)	ее	0e		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.)				Χ			
_	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)		0g 0h					
i	If 10h	h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3		10i					
art	VI	Pension Funding Compliance	l.			ı			
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an	•				•	X Ye	s No
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code o	r se	ction 3	302 of I	ERISA?	Ye	s ^X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ting the waiver.	Month						
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			г	401			
b	Enter	r the minimum required contribution for this plan year				12b			
_		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 t tive amount)				12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?			<u>-</u>			Ye	s X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year				13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br e PBGC?						Ye	s X No

c 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):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	06/14/2012	RICHARD MEADOW
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

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

2010

This Form is Open to Public Inspection

									nent to Form	SOUU OF	2200-8	or.						
For	caler	ndar p	lan yea	ar 2010	or fiscal	plan ye	ar beginning	08/28/2010				and en	ding	08/27/2	011			
					earest d													
				ty of \$1,	000 will b	be asse	essed for late filing	of this repo	rt unless reas	onable ca	use is	establish	ned.					
A N	lame	of pla	an DIES	INC DE	NSION F	DI ANI					В	Three-d	igit				00	2
3 a	O IINL	0031	KILO,	INC. FL	INSION F	LAIN						plan nur	nber ((PN)	<u> </u>			
C F	lan s	nonso	nr's nai	me as sh	hown on	line 2a	of Form 5500 or 5	5500-SF			D	Employe	r Ident	tification	Num	her (F	IN)	
			RIES, I		11011111111111	iiilo Zu	01 1 01111 0000 01 0	0000 01				3718136	idein	unoauon	14011	1001 (2	-114)	
											04-0	37 10 130						
Ет	vne o	f plan	. X s	Single	Multip	ole-A	Multiple-B	F	Prior year pla	an size: X	100	or fewer	П 1	01-500	П	Nore th	an 500	
					ш '	,,,,,,	- Watapio B		1 Hor your pi	ari 0120.		01 101101	Ш.	01 000	П.,	violo a		
	rt I			Inform														
1			valuat	ion date	:	M	onth <u>08</u>	Day <u>28</u>	Year _	2010	_							
2	Ass												_					70005
	а	Mark	et valu	ıe	• • • • • • • • • • • • • • • • • • • •								<u> </u>	2a				76635
	b	Actu	arial va	alue						 I			2	2b				76635
3	Fun	ding t	arget/p	participa	nt count	breakd	own			(1) N	lumber	of partic	cipants			(2) F	unding 1	
	а	For	retired	participa	ants and	benefic	ciaries receiving pa	ayment						1				17677
	b	For	termina	ated ves	ted partic	cipants			3b					26				11044
	С	For	active	participa	ants:													
		(1)	Non-v	ested be	enefits													
		(2)	Veste	d benefi	its				3c(2)									63333
		(3)	Total	active					3c(3)					10				63333
	d	Tota	d						3d					37				92054
4	If th	e plar	n is at-ı	risk, che	ck the bo	ox and	complete items (a)) and (b)										
	а	Fund	ding tar	get disre	egarding	prescr	ibed at-risk assum	ptions						4a				
	b	Fund	ding tar	get refle	ecting at-	risk ass	sumptions, but dis	regarding tra	ansition rule fo	r plans th	at hav	e been		4b				
		at-ri	sk for f	ewer tha	an five co	onsecut	ive years and disr	egarding loa	ding factor									
5	Effe	ctive	interes	t rate										5				6.22 %
6	Tar	get no	rmal c	ost										6				602
		•		ed Actu	-													
á	ccorda	ance wit	h applica	able law an	d regulation	ns. In my o	in this schedule and acc opinion, each other assu											
			ffer my b	est estimat	te of anticipa	ated expe	rience under the plan.											
S	IGN	ı																
Н	ERE	Ξ									_				06	5/11/20)12	
						Signati	ure of actuary								D	ate		
WILL	IAN I	E. BU	CKHE	IT, FCA							_				1	1-0370	06	
					Туре	e or prir	nt name of actuary	,					М	lost rece	nt en	rollme	nt numb	er
SEN	TINE	L BEN	NEFITS	GROU	P, LLC										516	-333-2	2800	
						Fi	rm name					Т	Teleph	none nur	mber	(includ	ding area	a code)
				ROAD 90-5125														
		,.																
						Addre	ess of the firm				_							
If the			s not f	ully refle	ected any	/ regula	tion or ruling prom	nulgated und	er the statute	ın comple	eting th	ns sched	lule, c	neck the	e box	and s	ee	

Page	2-	1

Pa	rt II	Begir	nning of year	carryov	er and prefunding b	alances						
							(a) C	Carryover balance		(b) F	refundin	g balance
7		_	•		cable adjustments (Item 13				3096			19718
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from pr	ior year)			0			0
9	Amoun	t remaini	ng (Item 7 minus i	tem 8)					3096			19718
10	Interest	on item	9 using prior year	's actual re	turn of3.97 %				123			783
11	Prior ye	ar's exc	ess contributions t	o be adde	d to prefunding balance:							
	a Exc	ess cont	ributions (Item 38	from prior	year)							13356
	b Inte	rest on (a	a) using prior year	's effective	rate of6.56 %							876
	C Tota	al availabl	e at beginning of c	urrent plan	year to add to prefunding ba	lance						14232
	d Port	tion of (c)) to be added to p	refunding b	palance							14232
12	Reducti	ion in bal	ances due to elec	tions or de	emed elections				0			0
13	Balance	e at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – iter	n 12)			3219			34733
Pa	art III	Fun	ding percenta	ages								
											14	79.12 %
					ge						15	79.12 %
	Prior ye	ar's fund	ling percentage fo	r purposes	of determining whether ca	arryover/prefun	iding balan	ices may be used			16	84.96 %
17		•			s less than 70 percent of the					-	17	%
	art IV		tributions an	-	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	, ,				
				•	ear by employer(s) and en	nnlovees:						
	(a) Dat		(b) Amount p		(c) Amount paid by	(a) Da	ate	(b) Amount pa	aid by	(0	Amour	nt paid by
(N	IM-DD-Y	YYY)	employer	(s)	employees	(MM-DD-	YYYY)	employer(s)		emplo	yees
						Totals ►	18(b)		0	18(c)		0
19	Discour	nted emp	loyer contribution	s – see ins	tructions for small plan with	n a valuation d	ate after th	e beginning of the				
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	n from prior yea	ars		19a			0
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Conti	ributions a	allocated toward m	inimum req	uired contribution for current	year adjusted t	to valuation	date	19c			0
20	Quarter	ly contrib	outions and liquidi	ty shortfalls	S:							
	a Did t	he plan h	nave a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If 20a	a is "Yes	" were required q	uarterly ins	tallments for the current ye	ear made in a t	imely man	ner?				Yes X No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as a	applicable:						
		(4)			Liquidity shortfall as of	end of Quarter		•			(4) 42	
		(1) 1:	SI		(2) 2nd		(3)	3rd	+		(4) 4th	

Pa	rt V Assumptio	ons used to determine	funding target and targe	t normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %		N/A, full yield curve used
	b Applicable month	(enter code)			. 21b	0
22	Weighted average ret	tirement age			. 22	66
23	Mortality table(s) (see	e instructions)	escribed - combined F	Prescribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items				
24	J	•	tuarial assumptions for the curre	'		, L W
25	Has a method change	e been made for the current p	lan year? If "Yes," see instruction	ons regarding required attac	hment	Yes 🖺 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see inst	ructions regarding required	attachment	Yes No
27	, ,	` ",	nding rules, enter applicable cod		. 27	
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribution	ns for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears		. 28	0
29			d unpaid minimum required cont	. ,	29	0
30			ntributions (item 28 minus item 2		. 30	0
Pa	rt VIII Minimum	required contribution	for current vear		•	
31		•	ructions)		. 31	6025
32		, , , , , , , , , , , , , , , , , , , ,	,	Outstanding Bala	ance	Installment
	a Net shortfall amorti	tization installment			155320	27492
	b Waiver amortizatio	on installment			0	0
33	If a waiver has been a	approved for this plan year, er	nter the date of the ruling letter g	ranting the approval	33	
34	• .	,	er/prefunding balances (item 31		34	33517
			Carryover balance	Prefunding bala	ince	Total balance
35	Balances used to offs	set funding requirement	32	19	30298	33517
36	Additional cash requir	rement (item 34 minus item 35	5)		. 36	0
37		•	ontribution for current year adju		37	0
38			ear (see instructions)		. 38	0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 36 or	ver item 37)	. 39	0
40	Unpaid minimum requ	uired contribution for all years			40	0

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

Target Assumptions: Options:

Male Nonannuitant: 2010 Nonannuitant Male Use optional combined mortality table for small plans: Yes

2010 Nonannuitant Female **Female Nonannuitant:** No Use discount rate transition:

2010 Annuitant Male Lump sums use proposed regulations: **Male Annuitant:** Yes

Female Annuitant: 2010 Annuitant Female **Actuarial Equivalent Floor**

Applicable months from valuation month: Stability period: plan year

Lookback months: 2 **Probability of lump sum:** 100.00%

Use pre-retirement mortality: Yes **Nonannuitant:** None

> **Annuitant:** 2010 Applicable

<u>2nd</u> <u>3rd</u> <u>1st</u> 1st 2nd 3rd 3.06 4.86 5.43 **Current: Segment rates:** 3.92 6.40 6.61 0.00 0.00 0.00 Override: N/A N/A **High Quality Bond rates:** N/A

3.92 6.61 Final rates: 6.40 0.00 0.00 0.00 Override:

Salary Scale **Late Retirement Rates**

Male: 0.00% None Male: Female: 0.00% Female: None

Withdrawal Marriage Probability Setback

Male: None Male: 0.00%

Female: None Female: 0.00% Withdrawal-Select **Expense loading:** 0.00%

Male: None **Disability Rates**

Female: None Male: None **Early Retirement Rates** Female: None

Male: None **Mortality**

Setback Female: None Male: 0 None

Subsidized Early Retirement Rates None 0 Female:

Male: None Female: None

S & S INDUSTRIES, INC. PENSION PLAN Name of Plan:

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Union Members

Two year eligibility: No

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

Age: 65 Service: 0 Participation: 5

Defined:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male: None None None None None None

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition: Hours Worked **Percentage of accrued benefit:** 50.00%

Death Benefit Payment method: Face + PVAB - Curr. CV

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:Benefit formulaType of Formula:Flat benefitEffective Date:08/28/1981

Flat benefit non-integrated type: Percent
Total percent of salary: 0.00%

Dollar amount: None
Reduction based on: Accrual
Benefit reduction for years less than: 0

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:5Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:ServiceCap/floor years:0Maximum past accrual years:0.0000Cap or floor:CapMethod:FractionalAccrual % per year:0.00%Apply 415 before accrual:No

Frozen Benefits

Fresh Start Date: Fresh start approach Not Used Apply increase to frozen compensation: No Reduce years and/or caps Yes

Selected Formula: N/A by frozen years:

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 '	Го 14 Avg. Comp		To 19 Avg. Comp		0 To 24 Avg. Comp	No.	To 29 Avg. Comp		To 34 Avg. Comp	3: No	5 To 39 Avg. . Comp		Avg.
Under 25	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	,	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	1	0	0	0	0	0		0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0	(0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	1	0	1	0	(0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	-	1 0	1	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	1	0	0	0) 0	1	0	0	0	1	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	(0	0	0	0	0	0	0	0	0

Name of plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan sponsor's name: S & S INDUSTRIES, INC.

Plan number: 002

EIN: 04-3718136

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base	Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall	08/28/2008	3.92 / 6.40	7,673	7.00	5,995	5.00	1,293
Shortfall	08/28/2009	3.92 / 6.40	80,717	7.00	73,420	6.00	13,672
Shortfall	08/28/2010	3.92 / 6.40	75,905	7.00	75,905	7.00	12,527
Totals					155,320		27,492

Name of Plan: S & S INDUSTRIES, INC. PENSION PLAN

Plan Sponsor's EIN: 04-3718136

Plan Number: 002

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

r chiston benefit doubtry despotation	File as an a	ttachmei	nt to Form	5500 or 5	5500-SF.						
For calendar plan year 2010 or fiscal pl	an year beginning	08/2	8/2010		and en	ding	08/2	27/2011			
▶ Round off amounts to nearest do	lar.										
▶ Caution: A penalty of \$1,000 will be	assessed for late filing of this	s report u	nless reaso	nable cau	use is establish	ned.		Γ			
A Name of plan					B Three-d	Ŭ		0.00			
					plan nur	nber (PN)		002			
S & S INDUSTRIES, INC.	PENSION PLAN										
C Plan sponsor's name as shown on lir		SF			D Employer	Identification	Number (EIN)			
·											
S & S INDUSTRIES, INC.	3	· · · · · · · · · · · · · · · · · · ·			04-371	8136					
E Type of plan: X Single Multiple	-A Multiple-B	F P	rior year pla	n size: 🏻	100 or fewer	101-500	More f	than 500			
Part I Basic Information											
1 Enter the valuation date:	Month 8 Day	28	Year	2010							
2 Assets:	month buy										
a Market value						2a	1 25074 2 44.2	766,355			
b Actuarial value						2b		766,355			
3 Funding target/participant count br				(1) Ni	umber of partic		(2)	Funding Target			
a For retired participants and b		nt [3a	(1)11	unibor or partic	1	()	176,775			
b For terminated vested participation	0.,	ŀ	3b			26		110,440			
C For active participants:		1		·	······································						
(1) Non-vested benefits			3c(1)				1 11 11 24 11	(
` '		1	3c(2)					633,330			
• •		ł				10		633,330			
d Total		Ì	3d			37		920,545			
4 If the plan is at-risk, check the box											
						4a					
a Funding target disregarding pb Funding target reflecting at-ris	•						M				
at-risk for fewer than five con						4b					
5 Effective interest rate						5		6.22 %			
6 Target normal cost						6		6,025			
Statement by Enrolled Actuary											
To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption	ing schedule is reasonabl	es, statements a le (taking into ad	and attachme ccount the ex	ents, if any, is comp xperience of the pla	plete and accurate in and reasonable	Each prescr expectations	ibed assumption was applied in) and such other assumptions, ir			
SIGN (UEB)						0	6/11/2	012			
4	gnature of actuary						Date				
WILLIAN E. BUCKHEIT, FCA	,						11-037	'06			
######################################	r print name of actuary							nent number			
SENTINEL BENEFITS GROUP,	,						.6) 333·				
DENTINEE DENETITO GROOT,	Firm name							uding area code)			
1400 OLD COUNTRY ROAD	, am namo					. Crophone nui	(111011	aug aroa oodo,			
WESTBURY	N.	Y 115	90-5125)							
,	Address of the firm				-						
If the actuary has not fully reflected any r	egulation or ruling promulgate	ed under	the statute i	in comple	ting this sched	lule, check the	box and	see			

Page	

Pa	art II Begi	nning of vear	carryov	er and prefunding bal	lances									
		g ,				(a) (Carryover balance		(b) F	Prefundi	ng balar	ce		
7	_			cable adjustments (Item 13			3,	.096			1	9,718		
8	Portion used to	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0				0		
9	Amount remain	ing (Item 7 minus	item 8)				3,	.096		19,718				
10	Interest on item	9 using prior year	's actual re	turn of3.97%				123				783		
11	Prior year's exc	ess contributions t	to be adde	d to prefunding balance:				L						
	a Excess conf	tributions (Item 38	from prior	year)							1	3,356		
	b Interest on (a) using prior year	's effective	rate of $\phantom{00000000000000000000000000000000000$						·		876		
	c Total availab				1	4,232								
	d Portion of (c				1	4,232								
12	Reduction in ba	lances due to elec	ctions or de	emed elections				0				0		
13	Balance at begi	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)		3,	,219			3	4,733		
P	art III Fun	iding percenta	ages											
14	Funding target a	attainment percent	tage							14	79.	12 %		
				ge						15	79.	12 %		
16				of determining whether care					э	16	84.	96 %		
17	······································		***************************************	s less than 70 percent of the						17				
Pa	art IV Cor	ntributions an	d liauidi	tv shortfalls										
		······		ear by employer(s) and emp	lovees:									
	(a) Date IM-DD-YYYY)	(b) Amount p	aid by	(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer(s		(4	c) Amou	nt paid b	У		
···········			`'		\		•			•				

	······································													
·····														

		<u> </u>			Totals ▶	18(b)		(18(c)					
19	Discounted emr	lover contributions	s - see ins	tructions for small plan with	a valuation o	date after f	ne beginning of the	vear:	1	L				
				mum required contribution f				19a				0		
	_		,	djusted to valuation date	, ,		<u> </u>	19b						
				uired contribution for current y			-	19c						
20		outions and liquidit	.		- adjusted	to valuation	, 444				7.7			
	,	•	•	he prior year?				L.		X	Yes	No		
	_	ŭ		tallments for the current yea						=	,	X No		
				ete the following table as ap		,		Γ			1			
·····		,		Liquidity shortfall as of er		r of this pla	ın year							
	(1) 1:	st		(2) 2nd		(3)	3rd		ile i	(4) 4th	1			

	Assumptions (used to determine f	unding target and target i	normal cost				
21	Discount rate:							
	a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment 6.61 %	1	N/A, full yield curve used		
	b Applicable month (ente			L	. 21b	0		
22					. 22	66		
	Mortality table(s) (see inst			scribed - separate	Substitut			
	Miscellaneous							
24								
25	Has a method change bee	en made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment	Yes X No		
26	Is the plan required to prov	vide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	X Yes No		
27		= -	nding rules, enter applicable code		27	Name of the state		
Pa	Selections		ım required contributions					
28		· · · · · · · · · · · · · · · · · · ·	ears		. 28	0		
29						0		
30	· · · · · · · · · · · · · · · · · · ·		itributions (item 28 minus item 29)		. 30	0		
25/18/28	rt VIII Minimum req							
31			ructions)		. 31	6,025		
32	Amortization installments:			Outstanding Bal	ance	Installment		
	a Net shortfall amortization	on installment			155,320	27,492		
	b Waiver amortization ins	stallment			0	,		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount							
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)					33,517		
			Carryover balance	Prefunding bala	ance	Total balance		
35	Balances used to offset fur	nding requirement	3,219		30,298	33,517		
36	Additional cash requirement	Additional cash requirement (item 34 minus item 35)			. 36	C		
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)				. 37	C		
38	Interest-adjusted excess contributions for current year (see instructions)					C		
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				. 39	C		
40	Unpaid minimum required contribution for all years				40	C		

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

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
	For calendar plan year 2010 or fiscal plan year beginning 08/28/2010 and ending 08/27/2011								
Α	This return/report is for: X single-employer plan	multiple-	employer pl	an (not multiemployer)	one-participant plan				
	This return/report is for: first return/report	final retu	rn/report		The properties of the properti				
	an amended return/report	short pla	n year retur	n/report (less than 12 mo	nths)				
С	Check box if filing under: X Form 5558	automati	c extension		,	DFVC program	n		
	special extension (enter description)	on)							
Р	art II Basic Plan Information—enter all requested inform	nation							
1a	Name of plan			1 111112-1111	1b	Three-digit			
	S & S INDUSTRIES, INC. PENSION PLAN					plan number	0.00		
					10	(PN) Effective date of	002		
					10	08/28/1981	pian		
2a	Plan sponsor's name and address (employer, if for single-employer $S \& S$ INDUSTRIES, INC.	r plan)			2b	2b Employer Identification Number			
	o a o industries, inc.				(EIN) 04-3718136				
	5 ODELL PLAZA				2C	Plan sponsor's te (914) 885-1			
	J ODEBE FEADA				2d Business code (see instructions				
20	YONKERS			Y 10701	01	332900			
Ja	Plan administrator's name and address (if same as Plan sponsor, εSAME	enter "Sam	e")		30	Administrator's E	IN		
					3с	Administrator's te	elephone number		
A	fithe name and/or Fibl of the standard by the		4 53 4 5						
*	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	ist return/re or's name	ероп пеа та	r this plan, enter the	46	EIN			
					4c	PN			
	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				
С	Total number of participants with account balances as of the end o complete this item)	f the plan	year (define	d benefit plans do not	5c				
6a	Were all of the plan's assets during the plan year invested in eligib						X Yes No		
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent quali	ied public accountant (IC	(PA				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)				X Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and mu	st instead use Form 55	00.				
7	Plan Assets and Liabilities		(2)	Beginning of Year		(h) End	of Voor		
-	Total plan assets	. 7a	(a)	768,29	0	(b) End of Year 780,			
	Total plan liabilities			12					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		768,16	- i -	779,92			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)			\dashv				
	(2) Participants	8a(2)			\dashv				
h	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		69,63	5				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		09,03			69,635		
d	Benefits paid (including direct rollovers and insurance premiums	00			+		0,000		
	to provide benefits)	. 8d		50,97	6				
е	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrative service providers (salaries, fees, commissions)	8f		6,90					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					57,876		
i	Net income (loss) (subtract line 8h from line 8c)	8i			_		11,759		
j	Transfers to (from) the plan (see instructions)	8j							

	Form 5500-SF 2010		Page 2-						
Par	IV Plan Characteristics			***************************************					
9a	f the plan provides pension benefits, enter the applicable pension f	eature codes from t	he List of Plan Chara	acteris	tic Co	des in	the instruction	ons:	
b	1A $1G$ $1I$ $3D$ f the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the	ne List of Plan Chara	cteris	tic Cod	des in t	he instructio	ns:	
Part	Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
а						Х			
b						Х			
С	Was the plan covered by a fidelity bond?			10c	Х			1,000	,000
d						Х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	f the benefits under	the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan		1	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10a		Х			
_	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and	d 29 CFR	10g		2.2			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or	one of the	10i					
Part	/I Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·						
11	s this a defined benefit plan subject to minimum funding requireme 5500))							X Yes] No
а	Is this a defined contribution plan subject to the minimum funding r If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica f a waiver of the minimum funding standard for a prior year is being granting the waiver. bu completed line 12a, complete lines 3, 9, and 10 of Schedule	able.) g amortized in this p	olan year, see instruc	ctions,	and e	nter th	e date of the	letter rulin	No Ig
	Enter the minimum required contribution for this plan year					12b			***************************************
	Enter the amount contributed by the employer to the plan for this pl				<u> </u>	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the amount)					12d			
е	Vill the minimum funding amount reported on line 12d be met by th	ne funding deadline	?				Yes	No 🗍	N/A
Part '	Plan Terminations and Transfers of Assets								
13a	las a resolution to terminate the plan been adopted during the plar	n year or any prior \	/ear?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					13a		. 	
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan to anoth	ner plan(s), identify th	ne plai	n(s) to				
1:	13c(1) Name of plan(s):					13c(2) EIN(s)			PN(s)

Cauti	n: A penalty for the late or incomplete filing of this return/repo	ort will be assesse	d unless reasonabl	l le cau	se is	establi	ished.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, schedule MB completed and signed by an enrolled actuary, as well t is true, correct, and complete.	, I declare that I have	ve examined this retu	ırn/rep	oort, in	cluding	g, if applicab	le, a Sched lowledge a	dule and
SIGN	GN Packful 6/n/n RICHARD MEADOW								
HERE	ignature of plan administrator Date Enter name of individual signing as plan administrator								

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name S & S INDUSTRIES, INC. PENSION PLAN	EIN:	04-3718136						
Plan Sponsor's Name S & S INDUSTRIES, INC.	PN:	002						
The weighted average retirement age is equal to the normal retirement age of66								
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age. The method weights each participant's expected Retirement Age by his or her								
respective Funding Target, sums the weighted Retirement Ages and weighted total by the Funding Target.	divide	es the						