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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 12/01/2010)	and ending	1/30/2	2011
Α	This return/report is for:	multiple-e	employer 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 mo	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
	CONE PENSION PLAN				plan number
					(PN) •
				10	Effective date of plan 12/01/1987
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2b	Employer Identification Number
	GS MATERIAL HANDLING CORP	ρ.α,			(EIN) 11-2571937
702	3 RD AVE FL 2			2c	Plan sponsor's telephone number 718-438-5232
	OKLYN, NY 11232			24	Business code (see instructions)
				24	238210
	Plan administrator's name and address (if same as Plan sponsor, er GS MATERIAL HANDLING CORP 703 3 RD AV		e")	3b	Administrator's EIN
KIINC	GS MATERIAL HANDLING CORP 703 3 RD AVI BROOKLYN,		2	30	11-2571937
				30	Administrator's telephone number 718-438-5232
	If the name and/or EIN of the plan sponsor has changed since the las		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
5a	Total number of participants at the beginning of the plan year			5a	4
b				5b	4
C				30	•
	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				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	382706	5	3925132
b	Total plan liabilities	. 7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	382706	5	3925132
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а		95/41		0	
	(1) Employers	8a(1)		0	
	(2) Participants	8a(2)		0	
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	11760	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			117607
d	Total income (and lines $oa(1)$, $oa(2)$, $oa(3)$, and $ob)$	OU.			
	Benefits paid (including direct rollovers and insurance premiums				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0	
е	to provide benefits)	. 8d . 8e		0	
e f	to provide benefits)			0	
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8e		0	
f	to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8e 8f 8g		0	19540
f g	to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8e 8f 8g		0	19540 98067

Form 5500-SF 2010	Page 2-
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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1F

D	IT the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Co	des in	tne insti	ructions		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		Oh 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		Pension Funding Compliance	101						
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	П No
12		0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction .	302 of	EKISA:	·	168	NO
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	i [No	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?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	IN(s)		13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					,		
ВВ о	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.				O, 11	,		
SIGI	F	iled with authorized/valid electronic signature. 09/13/2012 MICHAEL FALCO	ONE						

SIGN	Filed with authorized/valid electronic signature.	09/13/2012	MICHAEL FALCONE					
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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

								ment to Fo	orm 5500	or 5	5500-SF.					
Fo	caler	ndar p	lan year 2010	or fiscal plan	ea	r beginning 12	2/01/2010)			and endi	ng 11/3	0/201	1		
				nearest dollar												
•	Cauti	ion: A	penalty of \$1	,000 will be as	ses	ssed for late filing o	of this repo	ort unless re	easonable	cau	use is establishe	d.				
A FAI	Name CON	of pla	n NSION PLAN								B Three-dig			•	001	
											·	, ,				
С	Plan s	ponso	r's name as s	shown on line 2	a c	of Form 5500 or 55	00-SF				D Employer I	dentificat	ion N	umber	(EIN)	
KIN	GS M	IATER	IAL HANDLIN	IG CORP							11-2571937					
E -	Гуре с	of plan:	X Single	Multiple-A		Multiple-B		F Prior yea	ır plan size	. X	100 or fewer	101-5	00	More	than 500	
P	art I	В	asic Inforn	nation												
1			valuation date		Mc	onth <u>12</u> [Day01	Ye	ar <u>2010</u>		-					
2	Ass	ets:														
	а	Mark	et value									. 2a				84709
	b	Actu	arial value									. 2b				84709
3	Fun	ding t	arget/participa	ant count break	do	wn			(1) Nu	umber of particip	ants		(2)	Funding Targe	et
	а	For i	etired particip	ants and bene	fici	aries receiving pay	ment	3a				0				0
	b	For t	erminated ve	sted participan	s.			3b				0				0
	С	For a	active particip	ants:												
								3c(1	1)							0
		` '						<u>`</u>	-							0
		` '										0				0
	d	` '							_			0				0
4						omplete items (a) a										
7		•	·			. , ,	` ,									
	a		• •	0 0.		ed at-risk assumpt						. 4a				
	b					umptions, but disreverse years and disreg						_				
5	Effe	ective	nterest rate									. 5				3.14 %
6	Tar	get no	rmal cost									. 6				0
	To the laccorda	best of rance with ation, of	n applicable law a	information supplied in the su	y op	this schedule and accompinion, each other assumplence under the plan.										
	SIGN IERI													09/06/2	2012	
				Signa	atu	re of actuary								Date		
HO\	VARD	ROS	ENFELD											11-040	085	
ROS	SENFI	ELD/T	ORTU RETIR	Type or p		name of actuary						Most re		enrollm	nent number -5353	
			AINS ROAD NY 10591		Firr	m name					Te	lephone	numb	er (incl	uding area coo	le)
				Ado	res	ss of the firm					-					
If the	actu	arv ha	s not fully refl	ected any regi	lati	on or ruling promu	lgated un	der the stat	ute in con	nple	ting this schedul	e, check	the h	ox and	see	П
	uction	-				or raining profitio		0.00	0011	۰,۳،۰	3 00110001	-, J.100K		37. GIIG		Ш

Page	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
			<u> </u>				(a) (Carryover balance		(b) F	Prefundir	ng balance
7		•	0 , ,		cable adjustments (Item 13	•			3198			
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pri	or year)						
9	Amount	remainir	ng (Item 7 minus i	tem 8)					3198			0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							
	b Inter	est on (a	a) using prior year	's effective	e rate of							0
	C Total	availabl	e at beginning of c	urrent plan	year to add to prefunding bal	ance						0
	d Porti	on of (c)	to be added to p	refunding b	palance							
12	Reduction	on in bal	ances due to elec	tions or de	emed elections				0			
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			3198			0
Pa	art III	Fun	ding percenta	ages								
14	Funding	target a	ttainment percent	age							14	100.00 %
15	14 Funding target attainment percentage										15	100.00 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										100.00 %		
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											17	%
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls					J.	<u>l</u>	
18	Contribu	itions ma	ade to the plan for	the plan y	rear by employer(s) and em	ployees:						
(3.4	(a) Date		(b) Amount p		(c) Amount paid by	(a) D		(b) Amount pa		(0		nt paid by
(IV	M-DD-YY	(YY)	employer	(S)	employees	(MM-DD-	-	employer(S)		emplo	oyees
						Totals ▶	18(b)		0	18(c)		0
10	Diagount	tod omn	lavar aantributian		trustiana for amall plan with		` ,	a baginning of the		10(0)		
19			-		tructions for small plan with nimum required contribution				19a			0
	_				djusted to valuation date			 	19b			0
									19c			0
20			outions and liquidit		uired contribution for current	year aujusteu	to valuation	date	130			0
20					s. the prior year?				L			Yes X No
	_		_								<u> </u>	
				-	stallments for the current years		uniciy man		Γ			Yes No
	U II ∠∪a	is res,	see instructions	anu comp	lete the following table as ap Liquidity shortfall as of e	•	r of this pla	n vear				
		(1) 1s	st		(2) 2nd			3rd			(4) 4th	

Pa	rt V Assumptio	ons used to determine f	unding target and ta	arget normal cos	t		
21	Discount rate:						
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd	segment: 6.45 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - sepa	rate	Substitut	e
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	·				
25	Has a method change	e been made for the current pla	an year? If "Yes," see inst	ructions regarding req	uired attach	nment	Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding	g required a	attachment	Yes X No
27	, ,	or (and is using) alternative fur	0 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	utions for prior y	ears		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29		contributions allocated toward			,	29	0
30		f unpaid minimum required cor				30	0
Pai	rt VIII Minimum	required contribution	for current vear				
31		adjusted, if applicable (see insti				31	0
32	Amortization installme				nding Bala	nce	Installment
	a Net shortfall amort	tization installment				0	0
		on installment				0	0
33		approved for this plan year, en Day Year				33	0
34	0 1	ment before reflecting carryove				34	0
			Carryover balance	Prefu	nding balar	nce	Total balance
35	Balances used to offs	set funding requirement					0
36	Additional cash requir	rement (item 34 minus item 35)			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		uired contribution for current ye	· · · · · · · · · · · · · · · · · · ·			39	0
40		uired contribution for all years.		·		40	0

Schedule SB, Part V - Statement of Actuarial Assumptions - 2010 plan year

Target Assumptions: Options:

2010 Annuitant Female

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

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

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

Applicable months from valuation month: 0 Stability period: plan year

Probability of lump sum: 0.00% Lookback months: 1

Use pre-retirement mortality: No Nonannuitant: None

> Annuitant: 2010 Applicable

Actuarial Equivalent Floor

Yes

Yes

1st 2nd 3rd <u>1st</u> 2nd 3rd **Current:** 00.00.00 **Segment rates:** 3.14 0.00 5.90 6.45 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

0.00

Final rates: 3.14 5.90 6.45 Override:

0.00

Salary Scale **Late Retirement Rates**

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

0.00

Withdrawal **Marriage Probability Setback** Male: 0

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: None

Subsidized Early Retirement Rates None Female: 0 Male:

None Female: None

Name of Plan: **FALCONE PENSION PLAN**

Plan Sponsor's EIN: 11-2571937

Plan Number: 001

Female Annuitant:

Plan Sponsor's Name: KINGS MATERIAL HANDLING CORPORATION

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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

Pension Benefit Guaranty Corporation	miterial Revent	· ·	,			ins	pection
For a londer plan year 2010 or food a	File as an attachme		5500 or 5	····		11/20/20	111
For calendar plan year 2010 or fiscal p		2010	<u></u>	and endi	ig _	11/30/20) 1 1
Round off amounts to nearest do	mar. e assessed for late filing of this report (unlecc reac	onable car	uca ic actablicha	d		
A Name of plan	s assessed for late fining of this report to	unicaa i caa					***
FALCONE PENSION PLAN				B Three-digi			001
			Į.	Pran num.	ici (FN)	Situation in State of	AND THE PROPERTY OF THE PROPER
			ļ				
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer lo	dentification	Number (Ell	N)
KINGS MATERIAL HANDLIN	NG CORP			11-257193	/	***************************************	
E Type of plan: ☒ Single ☐ Multiple	e-A Multiple-B	Prior year pla	an size: 🛛	100 or fewer	101-500	More tha	n 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 01	Year	2010				
2 Assets:			X				
					2a		84709
				********************	2b		84709
3 Funding target/participant count be		***************************************	(1) No	ımber of particip		/2) Eu	nding Target
	eneficiaries receiving payment	3a	(1) 140	imber of particip	0	(2) (0)	O
	pants	3b			0		
C For active participants:	parits	<u> </u>	1 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S				
, ,		3c(1)			-		0
` '		3c(2)				***************************************	0
` '					0		0
		3d			0		0
	and complete items (a) and (b)		ľ				
			1-				
	rescribed at-risk assumptions				4a		
	sk assumptions, but disregarding transi secutive years and disregarding loadin				4b		
	3 3			······································	5		3.14%
					6	***************************************	C
Statement by Enrolled Actuary					<u> </u>		
	pplied in this schedule and accompanying schedule In my opinion, each other assumption is reasonable						
combination, offer my best estimate of anticipate		e (taking into si	DOGE BIS SX	ренепсе от ште ргал аг	ia i easonable e	xpocations) and	such other assumptions, at
SIGN //	D						
HERE Think!	Panladd -				09	0/06/201	2
la constantina de la	ignature of actuary	***************************************		(жили от при в	***************************************	Date	
HOWARD ROSENFELD	,					1104085	
Type o	or print name of actuary	***************************************		***************************************	Most recer	nt enrollment	number
ROSENFELD/TORTU RETIREMEN	•					-332-53	
	Firm name	***************************************		Tele	ephone num	ber (includin	ng area code)
220 WHITE PLAINS ROAD						,	-
)591 Address of the firm	- Marie - 100 - 10					
	AGG 033 OF THE IRRE				***************************************	*******************************	
If the actuary has not fully reflected any rentransfer instructions	egulation or ruling promulgated under t	the statute i	n completi	ing this schedule	, check the	box and see	

Page 2	2 -
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Pa	ırt II ∣ Beg	inning of year	carryov	ver and prefunding ba	lances	T	Carryover balance	i	0.V 6	1	ling balance
7	Balance at ber	inning of prior yea	ır after ann	licable adjustments (line 13	from prior	(cr)	Carryover parame		w) :	TICIUIN	ing Dalance
·············				10XX4116XX11X00311XX41136XX11X00X11XX0011	•	:	inntern ski kida nemmydd yn sweit swei i kida bibliomer innidatai a diskinan am d cerdarar j	3198	************************************		
8	111			funding requirement (line 35				SANTANIAN AND AND AND AND AND AND AND AND AND A			
9	Amount remai	ning (line 7 minus l	ine 8)	1806#14###################################	*************			3198			
10	Interest on line	9 using prior year	's actual re	turn of <u>0.00</u> %	2241184524118652115			0			(
11	Prior year's ex	cess contributions	to be adde	ed to prefunding balance:							
	a Present va	ue of excess comb	ibutions (li	ne 38 from prior year)	*******						n (1900) de la la come de la colo nia e de la esperimienta de la colonia consequencia de la colonia come de la c
	b Interest on otherwise;	(a) using prior yea provided (see instr	r's effective uctions)	e rate of 5.28% excep	at as						(
	C Total availal	ble at beginning of o	surrent plan	year to add to prefunding bala	ance						(
eestorens.	d Portion of (c) to be added to p	refunding	balance							
12	Other reduction	ns in balances due	to election	ns or deemed elections	22741664241445411			0			
13	Balance at beg	inning of current y	ear (line 9	+line 10 +line 11d – line 12	.)			3198			(
117.16		nding percent									
										14	100.00%
				ge			·····			15	100.00%
TD				s of determining whether can						16	100.00%
17		payo pamenana a a gono fasi da mayon unua de camanda de finir	norienist-scharlar-resonantiesconna	is less than 70 percent of the			*********************************	neserioroperatoroperatori	uneconoriores assensa in considera	17	%
D:	ert IV Co	ntributions an	d liquid	ity choeffalls	·····				<u>.</u>		
				vear by employer(s) and em	-lanake v	***************************************					
	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount pa	id by	(c) Amou	int paid by
(M	M-DD-YYYY)	employer		employees		>YYYYY)	employer(s		,		oyees ′
ANNOUS ROOM										***********	
فيميدينهم			and the contract of the contra		destrois constituis anno incirca con			antingen menjuma dan gasa kasa kan			
i perpendente	eri innovamenta ei esiste eri ei este este este este este esisti en internet et en este et en este e		inner manner men er i speringer oppgebens over	p. Constitute de la contractiva de constitute de constitute de constitute de constitute de constitute de const	Adamani a		***************************************	dentendo como cinamo como		*****************	kkeneraleniserkelerieristiskääräisettitenakenistestadanistesse.
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*********								***************************************			
			A. 8 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5							44470000000000000000000000000000000000	
ädskääd								6. as net telepitation to the		sama sama	
		· ·									
شنسردخند											
-94-77-00-940		•									
AND AND IN COLUMN											
minorio (1900)	Operatoria de la companya de la comp				obstatorativamo inidea incresoriame ano		en tratalon de la companio de la co	animanimi magazan.			annana paramana sa manana na nisa nisia ni ina nisa nisa nis
st. common 2,000	territorio de la contrata de la cont		ii maan oo ka ka maalaa maan oo oo d		eritire anni committen contrata di consumenza con		the 2000 to 200 to 200 central de 200 conserver and color grant announce	žinija ornopoja jy žpanojaomy y		eznementántorzaciones	,;
Mark Control					ne erittiireetti sitattiine eta ta t					********************************	englision, di ji jingh dansii ili ili yo qi ilimind jadayadi ja daybabahad hariyb aya jayaya.
					Totals ▶	18(b)		(18(c)		0
19	Discounted emp	oloyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	vear:			
				imum required contributions			- I	19a		***************************************	0
				djusted to valuation date			ļ	19b		····	0
				uired contribution for current y				19c		*************	0
	***************************************	outions and liquidit					***************************************				
		•	-	" he prior year?				L		<u></u>	Yes 🔯 No
				•						Ima	. C.3
				tallments for the current year		umery mani	RGI (1888-2108822182022182	········			Yes No
	L IT 20a is "Yes,	see Instructions	and compl	ete the following table as app	iero-i maisary moreona accessora acques		enterminintally traditional contraction and accommodate the second contraction and contraction				
-	(1) 1:	st T		Liquidity shortfall as of er (2) 2nd	iu or quarte	i in include a construir de la	1 year 3rd	T		4) 4th	
***************************************	Çary Art					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ļ	in annimination of the second	-1 703	

P	art V Assumptio	ons used to determine	funding target and t	arget r	normal cost		***	
21	Discount rate:						***************************************	
	a Segment rates:	1st segment: 3.14%	2nd segment: 5.90%		3rd segment: 6 . 45%		N/A, full yield curve used	
	b Applicable month	Applicable month (enter code)				21b	(
22	2 Weighted average retirement age					22	63	
23	Mortality table(s) (see instructions)					Substitu	itute	
Part VI Miscellaneous items								
24	4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment							
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment							
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment							
27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment					27		
Part VII Reconciliation of unpaid minimum required contributions for prior years								
28	Unpaid minimum required contribution for all prior years					28	C	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)					29	C	
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)					30	C	
Part VIII Minimum required contribution for current year								
	Target normal cost, adjusted, if applicable (see instructions)					31		
	Amortization installments:				Outstanding Balance		Installment	
	a Net shortfall amortization installment					o		
	b Waiver amortization installment					o		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount					33	0	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)					34	0	
		Carryover balance			Prefunding balance		Total balance	
35	Balances used to offset funding requirement					C		
36	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	0	
38	Interest-adjusted excess contributions for current year (see instructions)					38	0	
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)					39	0	
40	Unpaid minimum required contribution for all years					40	0	
			· · · · · · · · · · · · · · · · · · ·					

Schedule SB, Part V - Summary of Plan Provisions - 2010 plan year

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

1.000

Age (months): Wait (months): 0 0 **Continuing hours: Excluded classes:**

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:

62 Service: Participation:

0 10

Defined:

Plan valuation

date nearest

Benefit Reduction / Mortality table & setback

Male: Female:

Actuarial Equivalence Actuarial Equivalence

Actuarial Equivalence Actuarial Equivalence None None 0 0

Rates - Male:

None

None

None

Rates - Female:

None

None

None

Use Social Security Retirement Age:

No

REACT Benefits Percentage:

50.00%

Vesting Schedule:

2/20

Pre-retirement death benefit Percentage of accrued benefit:

0.00%

Vesting Definition:

Hours Worked

Death Benefit Payment method:

PVAB

Normal: QJSA:

Annuity Life only Joint and contingent Percent 0.00% 50.00%

Years 0 0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

FALCONE PENSION PLAN

Plan Sponsor's EIN:

11-2571937

Plan Number:

Plan Sponsor's Name:

KINGS MATERIAL HANDLING CORPORATION

Schedule SB, Part V - Summary of Plan Provisions – 2010 plan year

Benefits

Pension Formula:

Benefit formula

Type of Formula: **Effective Date:**

Flat benefit 12/01/2005

Flat benefit non-integrated type:

Percent

Total percent of salary:

100.00%

Dollar amount:

None

Reduction based on:

Participation

Benefit reduction for years less than:

10

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit:

No

Based on: **Highest:**

Final Average 5

Annualize short compensation years: Annualize short plan years:

No No

In the last:

Include compensations based

Excluding:

99 0

on years of:

Accrual

Accrual

Frozen:

No

Definition of years:

Hours worked

1000

Died

1000

Fractions based on: N/A

1000

Accrual credit:

Continuing

Disabled 1000 Retired 1000

Terminated

Precision:

N/A

Limit current credit to: N/A

Years based on:

Participation

Cap/floor years:

0

Maximum past accrual years:

0.0000

Cap or floor:

Floor

Method:

Unit accrual

Accrual % per year: Apply 415 before accrual:

0.00% No

Name of Plan:

FALCONE PENSION PLAN

Plan Sponsor's EIN: Plan Number:

11-2571937 001

Plan Sponsor's Name:

KINGS MATERIAL HANDLING CORPORATION

Attachment to 2010 Schedule SB Falcone Pension Plan EIN/PN: 11-2571931/001

Item 22: Weighted Average Retirement Age

Explanation of Weighted Average Retirement Age

All participants are assumed to retire at the plan's stated normal retirement age of 62.