## Form 5500-SF

Department of the Treasury

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

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number ALOS MICROGRAPHICS CORPORATION 401K PROFIT SHARIN PLAN & TRUST 001 (PN) ▶ 1c Effective date of plan 01/01/1982 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number ALOS MICROGRAPHICS CORPORATION 14-1595238 (EIN) 2c Plan sponsor's telephone number 845-457-4400 118 BRACKEN ROAD MONTGOMERY, NY 12549 2d Business code (see instructions) 333900 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN ALOS MICROGRAPHICS CORPORATION 118 BRACKEN ROAD 14-1595238 MONTGOMERY, NY 12549 **3c** Administrator's telephone number 845-457-4400 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 17 **b** Total number of participants at the end of the plan year..... 5b 14 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 850677 964596 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 964596 Net plan assets (subtract line 7b from line 7a)..... 7с 850677 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 40525 8a(1) (1) Employers ..... 31443 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 229315 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с 301283 Benefits paid (including direct rollovers and insurance premiums 187364 to provide benefits)..... 8d Λ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 0 0 Other expenses..... 8g 187364 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 113919 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... 0

Part IV	Plan	Characteristics
Parriv	Pian	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2A 2J 2K 2H 3D

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

art	V Compliance Questions									
0	During the plan year:		Yes	No		An	ount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the plan covered by a fidelity bond?	10c	X					120000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.		Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.  Montlou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	Enter the minimum required contribution for this plan year		Г	12b						
	Enter the amount contributed by the employer to the plan for this plan year			12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d						
е	Will the 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									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						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 u of the PBGC?	nder	the co	ntrol 			Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to							
1	13c(1) Name of plan(s):			<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
Jnde SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rescribed by an enrolled actuary, as well as the electronic version of this return/resit is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli					
01	and the state of t									

SIGN	Filed with authorized/valid electronic signature.	07/21/2010	URS KOPP				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/21/2010	URS KOPP				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

▶ 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	1 /01 /0			40.104.1000			
For		1/01/2	009 and ending		12/31/2009			
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 months)								
С	C Check box if filing under: Form 5558 automatic extension				DFVC program			
	special extension (enter description	on)						
Pa	art II Basic Plan Information—enter all requested information	ation		_				
	Name of plan			1b	Three-digit			
	ALOS Micrographics Corporation 401K Prof	it Sha	rin		plan number			
	Plan & Trust			1.0	(PN) 001			
				IC	Effective date of plan 01/01/1982			
2a	Plan sponsor's name and address (employer, if for single-employer ALOS Micrographics Corporation	plan)		2b	Employer Identification Number			
	ALOS Micrographics Corporation	, ,			(EIN) 14-1595238			
				2c Plan sponsor's telephone numb				
	118 Bracken Road			2d	Business code (see instructions)			
	Montgomery		NY 12549		333900			
3a	$\underset{\text{Same}}{\text{Plan}}$ administrator's name and address (if same as Plan sponsor, e.g.,	nter "Same	e")	3b	Administrator's EIN			
				30	Administrator's telephone number			
				30	Administrator's telephone number			
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN			
	-		<del></del> 5а	17				
		5b	14					
	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not		JD					
	complete this item)		5c	14				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes No			
b	Are you claiming a waiver of the annual examination and report of				X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		<u> </u>			
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	850,67	7	964,596			
b	Total plan liabilities	7b		0	0			
c	Net plan assets (subtract line 7b from line 7a)	7c	850,67	7	964,596			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0-(4)	40,52	5				
	(1) Employers	8a(1)		-				
	(2) Participants	8a(2)	31,44	<u> </u>				
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	229,31					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	229,31		301,283			
d	Benefits paid (including direct rollovers and insurance premiums	00			301,203			
-	to provide benefits)	8d	187,36	4				
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			187,364			
į	Net income (loss) (subtract line 8h from line 8c)	8i			113,919			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				

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Form	つつしし.	·>-	7HU

Page	2-	l

Par	t IV	Plan Characteristics										
9a	If th	e plan provides pension benefits, enter the applicable pension feature 2E 2F 2A 2J 2K 2H 3D	e codes from the	E List of Plan Chara	acteris	tic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Part	V	Compliance Questions										_
10		ring the plan year:				Yes	No		Am	ount		
а	Wa	s there a failure to transmit to the plan any participant contributions v CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х					_
b		re there any nonexempt transactions with any party-in-interest? (Do line 10a.)			10b		Х					
С	Wa	as the plan covered by a fidelity bond?			10c	Х				12	0,0	100
đ	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was	caused by fraud	10d		X				-, -	
е	We insi	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the b ructions.)	rsons by an insu benefits under th	rance carrier, le plan? (See	10e		Х					***********
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Х					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х					
_	If th	is is an individual account plan, was there a blackout period? (See in	nstructions and 2	29 CFR	10h		X					
i	If 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or o	ne of the	10i							
Part		Pension Funding Compliance						1.				
11												
lf y b c	If a grai you ( Enti Enti Sub	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amonting the waiver.  completed line 12a, complete lines 3, 9, and 10 of Schedule MB (ear the minimum required contribution for this plan year	ortized in this pla (Form 5500), an earesult (enter a mir	d skip to line 13.	th  of a	[						-
_	_	the minimum funding amount reported on line 12d be met by the fun				L		Yes	П	No [		
		Plan Terminations and Transfers of Assets	······	***********************	*******		*****				1	
		***************************************							Г	Yes	₩.	
ısa		a resolution to terminate the plan been adopted during the plan year				Г	 13a	<u> </u>		res		No_
	Wer of the	es," enter the amount of any plan assets that reverted to the employ re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?	sferred to anothe	r plan, or brought u	under	the co	ntrol	<u> </u>		Yes	X I	
		ch assets or liabilities were transferred. (See instructions.)			T		(0) =	• • • • • • • • • • • • • • • • • • • •	T	40 (0)	5314	
	30(1	) Name of plan(s):				130	c(2) EI	N(S)		13c(3)	PN(S	<u>})</u>
Unde SB o	r per	A penalty for the late or incomplete filing of this return/report wind the penalties of perjury and other penalties set forth in the instructions, I decleded MB completed and signed by an enrolled actuary, as well as the true, correct, and complete.	clare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if appl	icable, iy knov	a Sche vledge	edule and	1
SIGI	u T	17/1-7	1/15/10	Urs Kopp								
HER		Signature of plan administrator Da	ate;	Enter name of in	dividu	al sign	ning as	s plan ad	minist	rator		$\neg$
SIGI	4	14/2	1/15/10	Urs Kopp								
HER	_	Signature of employer/plan sponsor Da	ate	Enter name of in	dividu	ıal sigi	ning as	s employ	er or p	lan spo	nsor	