## 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).

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	'			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
В .	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	m		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
A.S.A	MANUFACTURING, INC. 40	1K PLAN				plan number	002		
					4-	(PN) •			
					10	Effective date of 01/01/2			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identif			
	. MANUFACTURING, INC.		,			(EIN) 11-2783			
					2c	Plan sponsor's to		∍r	
	39TH STREET DKLYN, NY 11218				24	718-853 Business code (s			
	-				Zu	339900	see mstructions,	,	
		l address (if same as Plan sponsor, e		e")	3b	Administrator's E	IN		
A.S.A	MANUFACTURING, INC.	1350 39TH S BROOKLYN		3	11-2783097				
					30	Administrator's to 718-853		эr	
4 1	the name and/or EIN of the pl	an sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b EIN				
-	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c	DNI			
52	Total number of participants a	t the beginning of the plan year				PN		10	
b		t the end of the plan year			5a			13	
C	·	rith account balances as of the end o			5b			11	
					5c			4	
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No	
b		he annual examination and report of					V voc □	NIa	
		(See instructions on waiver eligibility ner 6a or 6b, the plan cannot use F		•			X Yes	No	
Pa	rt III Financial Inform		01111 3300-	or and must instead use Form 55	<del>00.</del>				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor		
-	Total plan assets		. 7a	299360	)	(b) Elia	3922	32	
b	. otal pian according			255555	-		0022	0	
C	•	7b from line 7a)		299360	_		3922		
8	Income, Expenses, and Trans			(a) Amount		(b) T			
а	Contributions received or rece			(a) runount		(2)	<u> </u>		
	(1) Employers		. 8a(1)	(	)				
	(2) Participants		. 8a(2)	88000	)				
	(3) Others (including rollovers	3)	. 8a(3)	(	)				
b	Other income (loss)		. 8b	4872	2				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				928	72	
d		rollovers and insurance premiums	. <u>8d</u>	(					
е		tive distributions (see instructions)	8e	(	)				
f	Administrative service provide	ers (salaries, fees, commissions)	8f	(					
g	Other expenses		. 8g	(					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					<u> </u>	0	
i		e 8h from line 8c)					928	72	
i		ee instructions)		(	)				

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Part IV	Plan	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 2G 2J 3D 2A

If the plan provides welfar

D	if the pi	an provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in 1	ine instri	uction	is:	
art	v c	ompliance Questions							
0	During	the plan year:		Yes	No		Ar	nount	
а		here a failure to transmit to the plan any participant contributions within the time period described in R 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		here any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10a.)	10b		X				
С	Was th	he plan covered by a fidelity bond?	10c	X					100000
d		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud onesty?	10d		X				
е	insurar	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See tions.)	10e		X				
f	Has the	e plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	10h		Х				
i		was answered "Yes," check the box if you either provided the required notice or one of the ions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI P	ension Funding Compliance							
11	Is this a	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a wai	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- g the waiver							
lf :	_	oppleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter th	he minimum required contribution for this plan year			12b				
С	Enter th	he amount contributed by the employer to the plan for this plan year			12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left re amount)		[	12d				
е	Will the	e 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 r	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		<u> </u>	13a				
b	Were a	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?			ntrol			Yes	X No
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1) Na	ame of plan(s):		130	c(2) EI	N(s)		13c(3	<b>8)</b> PN(s)
Caut	ion: A p	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Jnde SB o	r penalti r Schedu	ies of perjury and other penalties set forth in the instructions, I declare that I have examined this retule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate, correct, and complete.	urn/rep	oort, in	cludin	g, if appl			
	Filed	Livith authorized/valid electronic signature 10/01/2010 SAM HERSHKO	/ICLI						

SIGN	Filed with authorized/valid electronic signature.	10/01/2010	SAM HERSHKOVICH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/01/2010	SAM HERSHKOVICH
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.

	Part I Annual Report Identification Information								
450000	r the calendar plan year 2009 or fiscal plan year beginning	2009	-01-01	and ending	20	09-12-31			
Α	This return/report is for: x single-employer plan	multiple-e	mployer plan (ı	not multiemployer)	Γ	one-participant plan			
В	This return/report is for:     first return/report	final return	n/report		la.	<b></b>			
	an amended return/report		•	port (less than 12 mont	hs)				
c	Check box if filing under:   X Form 5558		extension	Total (1999 Man 12 Mon.		DFVC program			
•	special extension (enter description		0.000101011		L	1 Di VO program			
			<del>.</del>						
***************************************	art II Basic Plan Information enter all requested info.  Name of plan	rmation.			1h 7				
ıa	name of plan					Three-digit Dlan number			
	A.S.A. Manufacturing, Inc. 401K Plan					PN) ► 002			
					1c Effective date of plan 2002-01-01				
<u>2a</u>	Plan sponsor's name and address (employer, if for single-employer p	ılan)				Employer Identification Number			
	A.S.A. MANUFACTURING, INC.	,				EIN) 11-2783097			
	1350 39TH STREET				2c Plan sponsor's telephone number				
						(718) 853-3033 Business code (see instructions)			
US					3	339900			
эa	Plan administrator's name and address (If same as plan employer, er Same	nter "Same'	')		3D A	Administrator's EIN			
					3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return. Sponsor's Name	st return/rep	ort filed for this	s plan, enter the	4b ∈				
	Training 2.17 drie tro participation and the training operation of training	•			4c F	PN			
-	Total number of participants at the beginning of the plan year				5a	13			
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the		5b	11					
_	complete this item)				5c	4			
6a	Were all of the plan's assets during the plan year invested in eligible a					XYes No			
þ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an					XYes No			
	If you answered "No" to either 6a or 6b, the plan cannot use For				• •	· · · · <u>X</u> Yes <u>No</u>			
Pa	rt III Financial Information				· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year			
а	Total plan assets	. 7a		299,360		392,232			
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		299,360		392,232			
8	Income, Expenses, and Transfers for this Plan Year		(	a) Amount		(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		0 88 000					
	(2) Participants	8a(2)		88,000 0					
b	Other income (loss)	8a(3) 8b		4,872					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7,072		92,872			
ď	Benefits paid (including direct rollovers and insurance premiums				100	52,012			
	to provide benefits)	8d		0					
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		200 September 2003 September 2003		0			
i	Net income (loss) (subject line 8h from line 8c)	8i				92,872			
j	Transfers to (from) the plan (see instructions)	. 8j		0					

1000								
Par								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 3D 2A	eature codes from the L	ist of Plan Characte	ristic	Codes	s in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the Lis	st of Plan Characteri	istic C	odes	in the i	nstructions:	
Pai	t V Compliance Questions		·····					
10	During the plan year:	-			Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contribut	tion within the time perio	od described in			1,,		
<b>h</b>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correction Program	n)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
^	Was the plan covered by a fidelity bond?			10c	х			100,000
c d	Did the plan have a loss, whether or not reimbursed by the plan's							200,000
-	or dishonesty?			10d		x		
е	Were any fees or commisions paid to any brokers, agents, or other	er persons by an insura	nce carrier,					
	insurance services or other organization that provides some or all		• •	10e		x		
f	instructions.)  Has the plan failed to provide any benefit when due under the plan			10f		х		
	· · · · · · · · · · · · · · · · · · ·					x		
g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	•		10g		^		
•••	2520.101-3.)			10h		x		
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			10i				
Parl	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 500))							☐Yes XNo
12	Is this a defined contribution plan subject to the minimum funding of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic		412 of the Code or	section	on 302	of ER	IISA?	Yes XNo
a 16.	If a waiver of the minimum funding standard for a prior year is bein granting the waiver		Mon					
b	Enter the minimum required contribution for this plan year	-	-		Γ	12b		
C	Enter the amount contributed by the employer to the plan for this p					12c		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minu	s sign to the left of	а		12d		
е	Will the minimum funding amount reported on line 12d be met by the	he funding deadline?	· · · · · · ·	•			Yes [	□N/A
Part	VII Plan Terminations and Transfers of Assets	<b>i</b>						
13a	Has a resolution to terminate the plan been adopted during the pla	n year or any prior year	r?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year		• •		13a		
b	Were all the plan assets distributed to participants or beneficiaries,	, transferred to another	plan, or brought un	der th	e con	trol		TVan III kin
С	of the PBGC?	om this plan to another p	plan(s), identify the	plan(s	 s) to	• •		Yes X No
	3c(1) Name of plan(s):			l	13	c(2) E	 IN(s)	13c(3) PN(s)
·	os (1) riamo or planto).					· • ( • ) =	(0)	100(0)111(0)
			•	<u> </u>		4 - 4 - 5 - 5		<u> </u>
	n: A penalty for the late or incomplete filing of this return/repo							0-1
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete	as the electronic version	amined this return/rep	report ort, ar	, inclu nd to t	iaing, n he bes	t of my knowl	edge and
	March hu	19/10/11	Sam Hershkov	ri to				
						nlan adminiet	rator	
	100 mg/mg / 100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m							
SIG		Data	Sam Hershkov			inc ==	omnieuss	olon oneses
	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	ıı sıgn	ing as	employer or p	olan sponsor

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Form 5500-SF (2009)

PLAN: ASA. Manufactury/Inc 401K Plan 11-2783097/002

TO:

Sheila Dott, CPC, QPA

Northeast Professional Planning Group, Inc.

121 Monmouth Street, Suite A

Red Bank, NJ 07701

FROM:

Sam Hershkovich, Alex Klein

Plan Administrators – ASA Manufacturing, Inc.

Profit Sharing and 401(k) Plans

We herby authorize you to file the annual government reporting forms (5500 series) for both plans under the E-FAST program for all plan years commencing with the year ended 12/31/2009.

<u>V9/02/2010</u>
Date

<u>9/2/10</u>