## 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).

2009

1210-0089

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009	9	and ending 1	2/31/	2009			
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В .	This return/report is for:	first return/report	final retur	n/report		_			
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description							
Do	rt II   Pacia Plan Inform	nation—enter all requested information							
	Irt II   Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit			
	Name of plan A. MANUFACTURING, INC. PRO	OFIT SHARING PLAN			10	plan number			
						(PN) ▶	001		
					1c	Effective date of			
						01/01/1			
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi			
A.S. <i>F</i>	A. MANUFACTURING, INC.				20	(EIN) 11-278	telephone number		
1350	39TH STREET				20		3-3033		
	OKLYN, NY 11218				2d	Business code	(see instructions)		
						339900			
	Plan administrator's name and A. MANUFACTURING, INC.	address (if same as Plan sponsor, et 1350 39TH S		<b>ə</b> ")	3b	Administrator's			
Α.Ο.	i. MANOLAGI GINING, ING.	BROOKLYN,		3	11-2783097 <b>3c</b> Administrator's telephone number				
					)		3-3033		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		<b>1</b> c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		13		
		the end of the plan year		ł					
	· ·	ith account balances as of the end of		ļ	5b		12		
С					5c		12		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)				
				ons.)			× Yes No		
Do			orm 5500-	SF and must instead use Form 550	00.				
		ation		T					
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	l of Year		
	Total plan assets		7a	860906			909614		
b			7b	0			0		
<u>C</u>		'b from line 7a)	7c	860906	)		909614		
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or recei  (1) Employers	vable from:	8a(1)	39239	)				
			8a(2)	0	)				
	, ,	)		0	)				
b	, ,			13307	307				
С	,	8a(2), 8a(3), and 8b)	8c				52546		
d	, , ,	rollovers and insurance premiums							
	to provide benefits)	•	. 8d	1226					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	0					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	2215					
g	Other expenses		. 8g	397	'				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				3838		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				48708		
j	Transfers to (from) the plan (se	ee instructions)	8i	0					

Form 5500-SF 2009 Page <b>2-</b>  1	Р	ige <b>2-</b> 1	1
-------------------------------------	---	-----------------	---

D IV	Diam	Ol	. 4! - 4!
Part IV	Plan	Charac	cteristics

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

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		Amo	unt	
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.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	X					100000
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		X				
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
_	, ,	or se	Clion	002 01	LNIOA!	Ш	100	
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						1º	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							ng
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		100		
	Enter the minimum required contribution for this plan year		[	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 negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	N	lo	N/A
art						1_1		
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No
Ju				13a				
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
~	of the PBGC?						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.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
		1						
		<u>.</u>						
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					- h l -	- C-L-	dul-
В о	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return of Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 10/01/2010 SAM HERSHKO'	VICH						

SIGN HERE
Signature of plan administrator

SIGN HERE
SIGN HERE
SIGN HERE
SIGN HERE
SIGN HERE
SIGN HERE
Date
SIGN Filed with authorized/valid electronic signature.

Date
SIGN HERSHKOVICH
SAM HERSHKOVICH
Signature of employer/plan sponsor
Date
Enter name of individual signing as employer or plan sponsor

B.S.B. Manufacturg Inc Rold Shary Plan PLAN: 11-2783097/001

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.

## 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

For the calendar plan year 2009 or fiscal year 2009 or f			dance with	the instructions to the Form 5500-S	F.					
A This return/report is for: Single employer plan   multiple employer plan (not multiemployer)   one-participant plan   B This return/report is for:   first return/report   shart return/report   sha										
B This return/report is for:	For	the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01 and ending	200	09-12-31				
C Check box if filing under:    Form 5558	Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant	plan			
C Check box if filing under:	В	This return/report is for:     first return/report	final return	/report						
Period box if filing under:		an amended return/report	short plan	year return/report (less than 12 months)	ı					
Part II   Basic Plan Information	C	Check box if filing under: X Form 5558	automatic	extension	· _					
Part IE Basic Plan Information — enter at requested information.  1a Name of plan  A. S. A. MANUFACTURING, INC. PROFIT SHARING PLAN  2a Plan sponsor's name and address (employer, if for single-employer plan)  A. S. A. MANUFACTURING, INC.  2a Plan sponsor's name and address (employer, if for single-employer plan)  A. S. A. MANUFACTURING, INC.  1350 39TH STREET  22 Basenas and address (if same as plan employer, enter "Same")  3a Pan attentishrator's name and address (if same as plan employer, enter "Same")  3b Administrator's cone (see instructions)  3c Administrator's EIN  3d Administrator's telephone number  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name of participants at the beginning of the plan year.  5a Total number of participants at the beginning of the plan year.  5a Were at of the plans assets during the plan year.  5a Were at of the plans assets during the plan year Invested in eligible assets? (See instructions on waiver eligible; assets? (See instructions on the plan see of the plan se	•			L_	] b					
1a   Name of plan   A. S. A. MANUFACTURING, INC. PROFIT SHARING PLAN   1c   Effective date of plan   1992-01-01   1c   Effective date of plan   1992-01-01   1.00			<u> </u>							
A. S. A. MANUFACTURING, INC. PROFIT SHARING PLAN    Plan sponsor's name and address (employer, if for single-employer plan)   1992-01-01	7		mation.	1 4		Phase dist				
Telephone class of plan   192-01-01   19	ıa	Name of plan		'						
1992-01-01		A.S.A. MANUFACTURING, INC. PROFIT SHARING PLAN				<del></del>				
2a   Plan sponsor's name and address (employer, if for single-employer plan)				1		•	olan			
S. S. A. MANUFACTURING, INC.   1350 397H STREET   12-2783097   13-27	22	Plan appropria name and address (ampleyer if for single ampleyer n	lan)	- 9			estion Number			
Second State	Za		ian)	*						
Second				2	`					
33 BACKELTS   33 BACKELTS   33 BACKELTS   33 BACKELTS   33 BACKELTS   33 BACKELTS   34 BACKELTS   34 BACKELTS   35 BACKELTS   35 BACKELTS   36 BACKELTS		1350 39TH STREET								
Plan administrator's name and address (if same as plan employer, enter "Same")   3b Administrator's telephone number	US	BROOKLYN NY 11218		2			ee instructions)			
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name	3a	Plan administrator's name and address (If same as plan employer, en	iter "Same"	) 3			N			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  4 C PN  5 Total number of participants at the beginning of the plan year										
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  4 C PN  5 Total number of participants at the beginning of the plan year				3	BC A	Administrator's tel	enbone number			
Ac PN							opnono nambo.			
Ac PN					II					
5a         Total number of participants at the beginning of the plan year         5a         13           b         Total number of participants at the end of the plan year         5b         12           c         Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)         5c         12           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         ∑Yes □No           b         Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)         ∑Yes □No           b         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           7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           1         Total plan liabilities         7a         860,906         909,614           5         Total plan liabilities         7b         0         0         0           6         Net plan assets (subtract line 7b from line 7a)         7c         860,906         909,614         909,614           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) To	4	If the name and/or EIN of the plan sponsor has changed since the las name. EIN and the plan number from the last return. Sponsor's Name	t return/rep		40 EIN					
to total number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year (defined benefit plans don't complete this item).  C Total number of participants with account balances as of the end of the plan year (defined benefit plans don't complete this item).  S						N				
Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c 12  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
Complete this tierm    Sc   12					b		12			
Sear   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   ∑  Yes    No   No   No   No   No   No   No	G				ic		12			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a						X Yes No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    Part III	b									
Part III   Financial Information   Financial Information     7   Plan Assets and Liabilities   7a   860,906   909,614     8   Total plan liabilities   7b   0   0     9   Net plan assets (subtract line 7b from line 7a)   7c   860,906   909,614     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     10   Employers   8a(1)   39,239     2   Participants   8a(2)   0     3   Other sinciluding rollovers)   8a(3)   0     5   Other income (loss)   8b   13,307     6   C   Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c   52,546     6   C   Certain deemed and/or corrective distributions (see instructions)   8c   0     6   Administrative service providers (salaries, fees, commissions)   8f   2,215     9   Other expenses (add lines 8d, 8e, 8f, and 8g)   8h   3,838     Net income (loss) (subject line 8h from line 8c)   81   48,708		<del>_</del>								
Plan Assets and Liabilities			n 5500-SF	and must instead use Form 5500.						
a Total plan assets		rinanani			-					
b         Total plan liabilities         7b         0         0           c         Net plan assets (subtract line 7b from line 7a)         7c         860,906         909,614           B         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           Contributions received or receivable from:             (1) Employers         3a(1)         39,239           (2) Participants         8a(2)         0           (3) Others (including rollovers).         8a(3)         0           b         Other income (loss)         8b         13,307           C         Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         52,546           d         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         8d         1,226           e         Certain deemed and/or corrective distributions (see instructions)         8e         0           f         Administrative service providers (salaries, fees, commissions)         8f         2,215           g         397           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         3,838           i         Net income (loss) (subject line 8h from line 8c)         8l         48,708	_					(b) End o				
C Net plan assets (subtract line 7b from line 7a)							<del></del>			
B Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	D		· · · · · ·				<del></del>			
a Contributions received or receivable from:										
(1) Employers       8a(1)       39,239         (2) Participants       8a(2)       0         (3) Others (including rollovers).       8a(3)       0         b Other income (loss)       8b       13,307         c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       52,546         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,226         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       2,215         g Other expenses       8g       397         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3,838         i Net income (loss) (subject line 8h from line 8c)       8i       48,708	8			(a) Amount		(b) To	tal			
(2) Participants       8a(2)       0         (3) Others (including rollovers).       8a(3)       0         b Other income (loss)       8b       13,307         c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       52,546         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1,226         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       2,215         g Other expenses       8g       397         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3,838         i Net income (loss) (subject line 8h from line 8c)       8i       48,708	а		8a(1)	39.239		rgondurandeniklis				
(3) Others (including rollovers).  b Other income (loss)										
b Other income (loss)							ed muserad			
C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	b	, ,				enderfallen i film et skille. Hellen en e				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					or William		52.546			
to provide benefits)										
f     Administrative service providers (salaries, fees, commissions)		· · · · · · · · · · · · · · · · · · ·	8d	1,226						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e	O						
g       Other expenses       397         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       3,838         i       Net income (loss) (subject line 8h from line 8c)       8i       48,708	f	Administrative service providers (salaries, fees, commissions)	8f	2,215						
i Net income (loss) (subject line 8h from line 8c)	g	Other expenses	8g	397		ghan a saig				
i Net income (loss) (subject line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3,838			
	i						48,708			
	j			0						

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
<ul> <li>2A 2E</li> <li>If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>											
	tV Compliance Questions			Yes	No	l Am	ount				
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution v	within the time period	I described in	162		011	Ount				
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	) <u> 10a</u>		х							
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported										
	on line 10a.)		40.	х			1	.00,000			
C	Was the plan covered by a fidelity bond?		· · · · · · —					.00,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?				х						
е	Were any fees or commisions paid to any brokers, agents, or other per	rsons by an insurance	ce carrier.								
·	insurance services or other organization that provides some or all of the				х						
_	instructions.)		$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\vdash$	<del></del>	х	<u> </u>					
Ť	Has the plan failed to provide any benefit when due under the plan? .										
g	Did the plan have any participant loans? (If "Yes," enter amount as of y			 	Х						
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR 10h		х			4 e e			
i	If 10h was answered "Yes," check the box if you either provided the re										
-	exceptions to providing the notice applied under 29 CFR 2520.101-3.	·	10i		<u> </u>			Santas			
MANAGANAMANA	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instr	uctions and complete So	chedul	e SB (	Form	∐Yes	X No			
12	Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	irements of section 4					Yes	X No			
а	If a waiver of the minimum funding standard for a prior year is being ar		year, see instructions, a	ind en	ter the	date of the let	ter ruling				
	granting the waiver		Month		Day	/Y	ar	<del></del>			
lf ;	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB			ſ	12b	1					
b	Enter the minimum required contribution for this plan year				12c			<del></del>			
C	Enter the amount contributed by the employer to the plan for this plan			.  -	126						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			. L	12d						
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?				Yes	No	□ N/A			
	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?	. <u>.</u>			Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employee	oyer this year			13a			·			
b	Were all the plan assets distributed to participants or beneficiaries, tran	nsferred to another p	olan, or brought under th	ne con	trol			GT NI-			
_	of the PBGC?	hie plan to another n	ian(s) identify the plan(	e) to			Yes	XINO			
С	which assets or liabilities were transferred. (See instructions.)	ma plan to unotifor p	ani(o), identity the plant	-,							
	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)			
							·····				
Caut	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed un	less reasonable cause	e is es	tablis	hed.					
SB o	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have ex- the electronic versio	amined this return/reporn n of this return/report, a	t, inclund to t	iding, i he bes	if applicable, a st of my knowl	Scheduledge and	e			
	1/100/10	09102/10	Sam Hershkovitz					,			
Sign Car y Waster					individual signing as plan administrator						
	1 Horn blee	09/02/10	Sam Hershkovitz			F. T. T. Carrier 100					
SIC	V //	Date			ina se	employer or r	lan soon	sor			
	HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor										

Page **2-**

Form 5500-SF (2009)

Part IV Plan Characteristics