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).

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	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-participant plan			
В	Γhis 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:						DFVC program			
		special extension (enter descripti	on)			_			
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
	RA TOOL 401(K)/PROFIT SHAF	RING PLAN				plan number			
						(PN) • 001			
					1c	Effective date of plan 01/01/2008			
22	Dlan ananoar's name and addr	ess (employer, if for single-employer	r plan)		2h	Employer Identification Number			
	RA TOOL & INSTRUMENT MAN	,	і ріап)		20	(EIN) 11-1657140			
					2c Plan sponsor's telephone num				
	RADHURST AVE THORNE, NY 10532-1141				0.1	914-747-3863			
IIAVV	1110KNL, N1 10332-1141				2a	Business code (see instructions) 332700			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
	RA TOOL & INSTRUMENT MAN	NUFACTURING CO 369 BRADH	URST AVE			11-1657140			
		HAWTHOR	NE, INT TUS	332-1141	3c Administrator's telephone nur				
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4h	914-747-3863 EIN			
		r from the last return/report. Sponso		,,,,					
					4c	PN			
		the beginning of the plan year			5a				
b	• •	the end of the plan year			5b	35			
С		ith account balances as of the end c			5c	11			
6a	Were all of the plan's assets d	luring the plan year invested in eligit	ole 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 (IQ	PA)				
				ions.)		X Yes No			
Da	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	υυ.				
		ation		(a) Benjanian of Year		(I) Ford of Vern			
7	Plan Assets and Liabilities Total plan assets		7-	(a) Beginning of Year	-	(b) End of Year 38605			
a b	. otal pran according		<u>7a</u> 7b	27373		0			
C	•	7b from line 7a)		27575		38605			
8	Income, Expenses, and Transf		7с		,				
а	Contributions received or recei			(a) Amount		(b) Total			
<u> </u>			8a(1))				
	(2) Participants		8a(2)	12221					
	(3) Others (including rollovers))	8a(3)	()				
b	Other income (loss)		8b	6921					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			19142			
d	. ` `	rollovers and insurance premiums	8d	7330)				
е		tive distributions (see instructions)	8e	()				
f	Administrative service provider	rs (salaries, fees, commissions)	8f	782	2				
g	Other expenses		8g	(
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)				8112			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			11030			
j	Transfers to (from) the plan (se	ee instructions)	8i	(

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Part IV	Plan	Characteristics

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

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

	The plan provides welfare benefits, enter the applicable welfare realtire codes from the List of Flan Cha						
art	V Compliance Questions						
0	During the plan year:		Yes	No		Amour	nt
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		X			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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				369
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			
İ	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						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					. [] Y	es ^X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	le or se	ection 3	302 of	ERISA?	. Y	es 🔀 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 instructions the waiver	nth					
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			40h			
	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)			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						
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			Y	es 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 brough of the PBGC?	t under	the co	ntrol		Y	es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	ın(s) to				
1	3c(1) Name of plan(s):		130	3c(2) EIN(s)		130	(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble car	use is	establ	ished.		
Jnde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returit is true, correct, and complete.	turn/re	port, in	cludin	g, if applic		

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	GREG UNMANN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2010	GREG UNMANN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

F	Part I Annual Report Identification Information									
For	the calendar plan year 2009 or fis	cal plan year beginning	01/	01/2009	and ending	12,	/31/2009			
Α	This return/report is for:	single-employer plan	multiple	-employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retu	ırn/report		Home	-			
	H	an amended return/report	☐ short pla	n vear return/re	port (less than 12 month	s)				
_	님	Form 5558	H	ic extension	·	́ г	DFVC program			
C			Ч	ic extension		_] Bi vo program			
		special extension (enter descript								
		ation enter all requested in	nformation.			4h 7				
ıa	Name of plan						hree-digit olan number			
	Astra Tool 401(k)/Profi	t Sharing Plan					PN) ▶ 001			
							Effective date of plan			
22	Plan sponsor's name and address	(omployer if for single employe	r plan)				1/01/2008 Employer Identification Number			
Za	Astra Tool & Instrument		i piari)				EIN) 11-1657140			
						2c Plan sponsor's telephone number				
	369 Bradhurst Ave						(914) 747-3863			
US	Hawthorne	NY 10532-1141					Business code (see instructions)			
3a	Plan administrator's name and add	dress (If same as plan employer,	enter "Same	e")			Administrator's EIN			
	Same									
						3c Administrator's telephone number				
4	If the name and/or EIN of the plan	sponsor has changed since the	last return/re	port filed for this	plan, enter the	4b E	IN .			
•	name, EIN and the plan number from			4c PN						
E -						5a	<u> </u>			
b b	Total number of participants at the Total number of participants at the				F	5b	36 35			
C	Total number of participants with a					UN				
	complete this item)					5c	11			
-	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either 6			220						
Pa	art III Financial Informat	ion				-				
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year			
а	Total plan assets		7a		27,575	1	38,605			
b	Total plan liabilities		. 7b	1.00	0		0			
С	Net plan assets (subtract line 7b fro	om line 7a)	7c		27,575		38,605			
<u> </u>	Income, Expenses, and Transfers				(a) Amount		(b) Total			
а	Contributions received or receivable				, , , , , , , , , , , , , , , , , , , ,					
	(1) Employers		<u>8a(1)</u>		0					
	(2) Participants		<u>8a(2)</u>		12,221					
	(3) Others (including rollovers).		8a(3)		0					
b	Other income (loss)		8b		6,921					
C	Total income(add lines 8a(1), 8a(2)		8c			1000000	19,142			
d	Benefits paid (including direct rollor to provide benefits)		0.		7,330					
	Certain deemed and/or corrective of	distributions (see instructions)	8d 8e		7,330					
e f		100			782					
g	Administrative service providers (sa Other expenses	200 mark 20			782					
	State different while is the register of the latest the state of the s		8g		U		8,112			
h :	Total expenses (add lines 8d, 8e, 8		8h				11,030			
1	Net income (loss) (subject line 8h fi	86 99	10000		William Wall Spike and Mr. Buch		11,030			
1	Transfers to (from) the plan (see in	structions)	8j		0					

	N/ DI OI () (-					
Par					-05/10/10	_			
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
b	2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
~									
Par	V Compliance Questions								
10					Yes	No	Ar	nount	
а	During the plan year: Was there a failure to transmit to the plan any participant contribution	n within the time nerio	d described in					<u> </u>	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (x			
	on line 10a.)			10b					
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
	or dishonesty?			10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other p								
	insurance services or other organization that provides some or all of instructions.)			10e	x			369	
f	Has the plan failed to provide any benefit when due under the plan?		1	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as o		1	10g	T	x	- 70		
h	If this is an individual account plan, was there a blackout period? (Se	5	1	iog		377			
••	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the								
Para Service	exceptions to providing the notice applied under 29 CFR 2520.101-3	· · · · · · ·		10i	1				
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes X No	
12	Is this a defined contribution plan subject to the minimum funding red							Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		. 12 01 1110 0020 01 01					To a stand to	
а	If a waiver of the minimum funding standard for a prior year is being	2	vear, see instruction	s. and	l enter	the d	ate of the lette	er rulina	
-	granting the waiver								
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and s	kip to line 13.						
b	Enter the minimum required contribution for this plan year			•	· [12b			
С	Enter the amount contributed by the employer to the plan for this pla	n year			· L	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	10 ⁸	. 			12d			
	negative amount)				· Ц		☐Yes ☐	No □N/A	
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				•			
Part	Tidir forminations and francisco of floodis						3013		
13a	Has a resolution to terminate the plan been adopted during the plan				٠.	• •		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the emp		• • • • •		_	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred to another p	lan, or brought unde	r the	control			Dva. Wha	
С	of the PBGC?	this plan to another p	an(s) identify the nla	an(s) t		• •		Yes X No	
Ū	which assets or liabilities were transferred. (See instructions.)	and plan to another p	anto, raching the pre	٠.١(٥)	.0				
	3c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)	
						, ,		, , , , , ,	
Cauti	n: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable cau	se is	establ	ished	l		
	penalties of perjury and other penalties set forth in the instructions, I o								
	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	of this return/report	, and	to the I	best c	f my knowled	ge and	
pellet,	ef, it is true, correct, and complete.								
SIG		10/15/10							
HEF	E Signature of plan administrator	Date'	Enter name of indiv	vidual	signin	g as p	olan administr	ator	
SIG	1 20	16/15/60	Greq Unmann				30.7		
HEF	E Signature of employer/plan sponsor	Date	Enter name of indiv	vidual	signin	g as e	mployer or pl	an sponsor	

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