Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ORBIT INTERNATIONAL CORP. SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ORBIT INTERNATIONAL CORP.

80 CABOT COURT
HAUPPAUGE, NY 11788

2b Employer Identification Number (EIN)
11-1826363

2c Sponsor's telephone number
631-435-8300

2d Business code (see instructions)
334410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2011	DAVID GOLDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2011	DAVID GOLDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ORBIT INTERNATIONAL CORP.

80 CABOT COURT
HAUPPAUGE, NY 11788

3b Administrator's EIN
11-1826363

3c Administrator's telephone number
631-435-8300

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/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	172
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	148
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	166
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	166
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	154
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ORBIT INTERNATIONAL CORP. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ORBIT INTERNATIONAL CORP.

D Employer Identification Number (EIN)
11-1826363

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BANK OF AMERICA N.A.

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 71 52 56 59 60 62 63 72	RECORD KEEPER	11489	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ORBIT INTERNATIONAL CORP. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ORBIT INTERNATIONAL CORP.

D Employer Identification Number (EIN)
11-1826363

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6484011-001	C	2597525

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ORBIT INTERNATIONAL CORP. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ORBIT INTERNATIONAL CORP.

D Employer Identification Number (EIN)
11-1826363

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	89136	124963
(2) Participant contributions	1b(2)	23579	27525
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17	18
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	70180	93706
(9) Value of interest in common/collective trusts	1c(9)	2530275	2597525
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5969287	7298325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	357983	586709

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9040457	10728771
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9040457	10728771

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	279296	
	(B) Participants	2a(1)(B)	864892	
	(C) Others (including rollovers)	2a(1)(C)	34280	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1178468
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4988	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4988
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	149519	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		149519
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		257635
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		479798
c Other income	2c		194856
d Total income. Add all **income** amounts in column (b) and enter total	2d		2265264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	574240	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		574240
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2710	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2710
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		576950
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1688314
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EISNERAMPER LLP (2) EIN: 13-1639826

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
ORBIT INTERNATIONAL CORP. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ORBIT INTERNATIONAL CORP.

D Employer Identification Number (EIN)
11-1826363

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-3513863 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

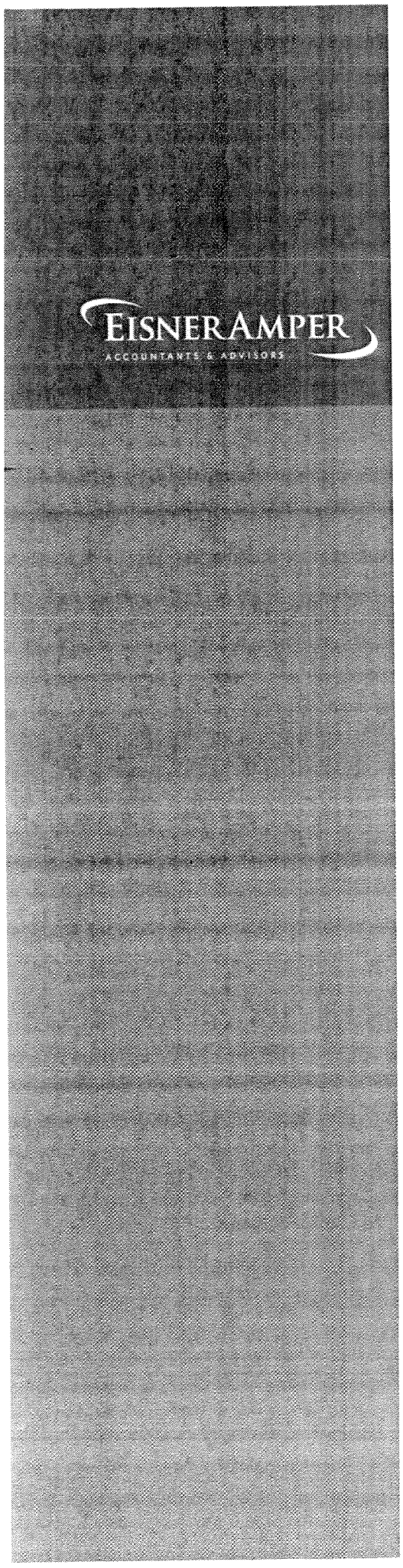
18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



ORBIT INTERNATIONAL CORP. SAVINGS PLAN

FINANCIAL REPORT

JUNE 30, 2010

CONTENTS

	PAGE NO.
Independent Auditors' Report	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4 -12
SUPPLEMENTARY SCHEDULES:	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	13

EISNERAMPER
ACCOUNTANTS & ADVISORS

EisnerAmper LLP
750 Third Avenue
New York, NY 10017-2703
T 212.949.8700
F 212.891.4100

www.eisneramper.com

INDEPENDENT AUDITORS' REPORT

To the Orbit International Corp. Savings Plan and Participants

We were engaged to audit the accompanying statement of net assets available for plan benefits of Orbit International Corp. Savings Plan (the "Plan") as of June 30, 2010, the related statement of changes in net assets available for plan benefits for the year ended June 30, 2010 and the supplemental schedule of assets (held at end of year) as of June 30, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's management. Amper, Politziner & Mattia, LLP, whose practice was combined with the practice of Eisner LLP to form EisnerAmper LLP as of August 16, 2010, was engaged to audit the June 30, 2009 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed Amper, Politziner & Mattia, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by Merrill Lynch Bank & Trust Co., FSB, the trustee of the Plan. Their report, dated March 1, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the June 30, 2009 financial statements and supplemental schedule taken as a whole and (b) the form and content of the June 30, 2009 information included in the financial statements, other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the June 30, 2010 information summarized in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the June 30, 2010 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended June 30, 2010 that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's June 30, 2010 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying June 30, 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the June 30, 2010 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

EisnerAmper LLP

New York, New York
April 14, 2011

ORBIT INTERNATIONAL CORP. SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
JUNE 30,

	2010	2009
ASSETS		
Investments, at fair value:		
Common collective trust	$ 2,597,526	$ 2,530,275
Domestic and international mutual funds	7,298,325	5,969,287
Self directed accounts	586,709	357,983
Participant loans	93,723	70,197
Total Investments	10,576,283	8,927,742
Receivables:		
Participant contributions	27,525	23,579
Employer contributions	124,963	89,137
Total Receivables	152,488	112,716
Net assets available for Plan benefits, at fair value for fully benefit responsive investment contracts	10,728,771	9,040,458
Adjustment from fair value to contract value for fully benefit responsive investment contracts	74,826	293,693
Net Assets Available for Benefits	$ 10,803,597	$ 9,334,151

See accompanying notes to financial statements.

ORBIT INTERNATIONAL CORP. SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED JUNE 30,

	2010
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 691,110
Interest and dividend income	171,829
Interest on participant loans	4,988
	867,927
Contributions:	
Employer	279,296
Employee	864,893
Rollover	34,280
	1,178,469
Benefits paid to participants	(574,240)
Administrative expenses	(2,710)
	(576,950)
NET INCREASE	1,469,446
Net assets available for benefits, beginning of year	9,334,151
END OF YEAR	$ 10,803,597

See accompanying notes to financial statements.

NOTE 1 – PLAN DESCRIPTION

The following description of the Orbit International Corp. ("Orbit") Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more comprehensive description of the plan's provisions.

General

Effective December 1, 1985, the Plan was established to provide deferred retirement and savings benefits to employees of Orbit and certain wholly owned subsidiaries. Effective February 6, 1996, the Plan was amended to include employees of Behlman Electronics, Inc. Effective January 1, 2000, the Plan was amended to cover all full-time employees of the Company who have three months of continuous service. In December 2006, the Plan was amended to include the eligible employees of Tulip Development Laboratory Inc. On April 1, 2008, the Plan was amended to include the eligible employees of Integrated Consulting Service, Inc. All entities referred to above are collectively the "Company." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1975 ("ERISA").

Eligibility

All employees of Orbit are eligible to participate in this Plan, except non-resident aliens who receive no earned income from sources within the United States.

If employees were eligible on June 1, 2003, they will be deemed to have satisfied the participation requirements of the Plan as of that date. Subsequent to June 1, 2003, an employee will become eligible to participant in the Plan upon attaining age 20.5 and completing 3 months of service.

Contributions

Each year participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined-benefit or contribution plans. The Company contributes 50% of the percentage of base compensation that a participant contributes to the Plan up to a maximum of 2%. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain Internal Revenue Code ("IRC") limitations.

During the 2010 plan year, the Company became aware of certain compensation payments to employees where deferrals were not made pursuant to the terms of the Plan. The Company quantified and remedied the amount of deferrals, including lost earnings, which approximated $114,000 that should have been contributed to the Plan and that amount is included in the accompanying financial statements as an employer contributions receivable. Effective January 2011, the plan document was modified to exclude certain elements of compensation eligible for contributions to the Plan.

Participants' Investment Options

Participants may direct their contributions to a selection of mutual funds determined by Merrill Lynch, the investment manager and approved by Bank of America, N.A., the trustees of the Plan (the "Trustees"), in accordance with the Fiduciaries Powers Act of the State of New York. Merrill Lynch recommends mutual funds for selection and group such funds into various "lifestyle portfolios" that are also eligible for selection by the participants. In addition,

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Participants' Investment Options (continued)

participants are also given the option of placing a portion or all of their assets into a self-directed account whereby the participant is responsible for all investment decisions.

Participants are provided with a report each quarter from the investment manager disclosing the performance of the various fund categories. The Plan currently offers various mutual funds, as well as self-directed accounts and a common collective trust as investment options for participants. Additionally, participants may change their contribution percentage to the Plan quarterly (i.e. January 1, April 1, July 1 and October 1).

Participants' Accounts

Each participant's account is credited with the participant's contribution and earnings of the participant's respective investments and allocations of the Company's contribution, and charges with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution plus actual earnings thereon is based on years of continuous service and vest 20% and 100% upon completion of two and three years, respectively.

Payment of Benefits

Upon termination of service due to death, disability, attaining the age of 59 ½, or retirement, participants or their designated beneficiary, as applicable, may, in accordance with the Plan provisions, elect to receive their participating vested interest in a lump sum or the form of an annuity.

Forfeitures

Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company contributions. There were $9,918 and $9,694 of forfeitures available at June 30, 2010 and 2009, respectively. For the year ended June 30, 2010, the Company utilized $9,918 of forfeited funds to offset Company's contributions.

Loans

Participants may borrow from their fund account balances a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans bear interest at rates ranging from 6.25% - 8.00%, which are commensurate with local prevailing rates and generally have a term of five years. Principal and interest are paid ratably through payroll deductions. Any outstanding loan balance not repaid at termination of employment is treated as a taxable distribution.

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Administrative Expenses

Certain expenses of administrating the Plan are paid directly by the Plan. The aggregate amount of such expenses was approximately $2,710 for the year ended June 30, 2010.

NOTE 2 – SUMMARY OF SIGNFICANT ACCOUNTING POLICIES

The Plan's significant accounting policies are as follows:

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan has evaluated material subsequent events through April 14, 2011, the date these financial statements were available to be issued.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reported period. Actual results could differ from those estimates.

Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued "The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles – a replacement of FASB Statement No. 162", ("FASB Codification") which is effective for reporting periods ending after September 15, 2009. The FASB Codification became the single source of authoritative nongovernmental U.S. generally accepted accounting principles ("GAAP"), superseding existing FASB, American Institute of Certified Public Accountants ("AICPA"), Emerging Issues Task Force ("EITF") and related accounting literature. The FASB Codification reorganizes the thousands of GAAP pronouncements into roughly 90 accounting topics and displays them using a consistent structure. The adoption of the FASB Codification did not impact the Plan's financial position or results of operations.

Valuation of Investments and Income Recognition

Investments are included in the accompanying financial statements at fair value. The Merrill Lynch Retirement Preservation Trust, the common collective trust, is valued at fair value with an adjustment to contract value. Shares of mutual funds are valued at the net asset values of shares hold by the Plan at year end. Participant loans are valued at their outstanding balances, which approximates fair value.

NOTE 2 – SUMMARY OF SIGNFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of Investments and Income Recognition (continued)

Purchases and sales of securities are recorded on a trade-date basis with gains and losses reflected in net appreciation (depreciation) in fair value of investments. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Fair Value of Financial Instruments

As required by the Fair Value Measurements and Disclosure Topic of the FASB Accounting Standards Codification, fair value is to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such is a market-based measurement, not an entity-specific measurement.

This Topic establishes a three-level valuation hierarchy based upon observable and non-observable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable either directly or indirectly; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.

Level 3 – Significant inputs to the valuation model that are unobservable, typically based on a Plan's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The methods of valuation described herein may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

Common collective trusts are valued by reference to the funds' underlying assets. Units held in collective trusts are valued based on the market prices of the underlying investments in the funds at year end.

NOTE 2 – SUMMARY OF SIGNFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments (continued)

Shares of domestic and international mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at the end of the year.

Common stocks, which are held through the Plan's self directed brokerage account, are valued at the closing price reported on the active market on which the individual securities are traded.

Participant loans are valued at estimated fair value using amortized cost which management believes is an accurate reflection of fair value.

The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Plan measured at fair value as of June 30, 2010.

	Investment Assets at Fair Value as of June 30, 2010			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Large-Cap Funds	$1,665,850	$ -	$ -	$ 1,665,850
Multi-Cap Funds	1,497,976	-	-	1,497,976
International Funds	1,314,907	-	-	1,314,907
Intermediate Inv Fund	1,291,135	-	-	1,291,135
Government Funds	1,008,166	-	-	1,008,166
Small Cap Funds	408,268	-	-	408,268
Emerging Mrkts Fund	95,302	-	-	95,302
Mid Cap Funds	16,160	-	-	16,160
High Yield Funds	561	-	-	561
Total Mutual Funds	7,298,325			7,298,325
Common Collective Trusts	-	2,597,526	-	2,597,526
Self Directed Accounts	586,709	-	-	586,709
Loans to participants	-	-	93,723	93,723
Total Investments at Fair Value	$7,885,034	$2,597,526	$93,723	$10,576,283

NOTE 2 – SUMMARY OF SIGNFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments (continued)

The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Plan measured at fair value as of June 30, 2009.

	Investment Assets at Fair Value as of June 30, 2009			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Large-Cap Funds	$1,415,737	$ -	$ -	$1,415,737
Multi-Cap Funds	1,177,626	-	-	1,177,626
International Funds	1,146,215	-	-	1,146,215
Intermediate Inv Fund	971,086	-	-	971,086
Government Funds	798,420	-	-	798,420
Small Cap Funds	382,521	-	-	382,521
Emerging Mrkts Fund	63,187	-	-	63,187
Mid Cap Funds	14,417	-	-	14,417
High Yield Funds	78	-	-	78
Total Mutual Funds	5,969,287			5,969,287
Common Collective Trusts	-	2,530,275	-	2,530,275
Self Directed Accounts	357,983	-	-	357,983
Loans to participants	-	-	70,197	70,197
Total Investments at Fair Value	$6,327,270	$2,530,275	$70,197	$8,927,742

Total investment assets at fair value classified within level 3 were $93,723 as of June 30, 2010, and $70,197 as of June 30, 2009 which consists of participant loans. Such amounts were 0.9% of net assets available for benefits at fair value as of June 30, 2010 and 0.8% as of June 30, 2009.

The following table presents changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2010:

	July 1, 2009	Realized Gains (Losses)	Unrealized Gains (Losses) Relating to Instruments Held at June 30, 2010	Purchases, Sales Issuances and Settlements (Net)	Transfer In and/or Out of Level 3	June 30, 2010
Participant Loans	$70,197	$ -	$ -	$23,526	$ -	$93,723

NOTE 2 – SUMMARY OF SIGNFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments (continued)

The following table presents changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2009:

	July 1, 2008	Realized Gains (Losses)	Unrealized Gains (Losses) Relating to Instruments Held at June 30, 2009	Purchases, Sales Issuances and Settlements (Net)	Transfer In and/or Out of Level 3	June 30, 2009
Participant Loans	$74,517	$ -	$ -	$(4,320)	$ -	$70,197

NOTE 3 – INVESTMENT CERTIFICATION

The Plan's investments are held by Bank of America, N.A., the trustee of the Plan. Bank of America, N.A. has certified to the completeness and accuracy of all investments and investment related activity in the accompanying financial statements and supplemental schedule. In 2009 the Plan's investments were held by Merrill Lynch Bank & Trust Co., FSB, the trustee of the Plan. Merrill Lynch Bank & Trust Co, FSB certified to the completeness and accuracy of all investments and investment related activity in the accompanying 2009 financial statements and supplemental schedule.

NOTE 4 – INVESTMENTS

The Plan's investments which exceeded 5% of net assets available for plan benefits as of June 30, 2010 and 2009 are as follows:

	2010	2009
ML Retirement Preservation Trust*	$2,597,526	$2,530,275
Blackrock LG Cap Value Fund	762,417	543,474
American Century Gov BD Fd Adv CL	1,008,164	798,415
Mainstay ICAP Intl FD CL R2	667,532	582,703
Pimco Total Return Fund CL A	1,291,135	971,086
MFS Research Intl FD CL A	641,727	555,760
AIM Mid Cap Core Equity Fund A	735,559	634,152
Van Kampen Growth & Inc FD CL A	636,086	531,893

* The amounts represent fair value for these investments

NOTE 4 – INVESTMENTS (CONTINUED)

For the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	2010
Mutual funds	$ 498,479
Self directed accounts	192,631
	$ 691,110

NOTE 5 – PLAN TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company reserves the right to amend or terminate the Plan subject to the provisions set forth in ERISA. Upon termination of the Plan, all assets of the Plan vest and become distributable to the participants.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participant account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at June 30, 2010 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE 8 – PARTY-IN-INTEREST

Certain investments are shares of a common collective trust managed by Bank of America, N.A. Bank of America, N.A. is the trustee and custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. During the year ended June 30, 2010 and 2009, through the Plan's self directed brokerage account, certain participants purchased shares of Orbit International Corp. common stock. The total number of shares held as of June 30, 2010 and 2009 was 3,000 and 301, respectively.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits as of June 30, 2010 per the financial statements to the Form 5500:

Net assets available for benefits per the financial statements	$10,803,597
Adjustment from contract value to fair value for fully benefit responsive investment contracts	(74,826)
Net assets available for benefits per the Form 5500	$10,728,771

Net increase in net assets per the financial statements	$1,469,446
Adjustment from contract value to fair value for fully benefit responsive investment contracts	218,868
Net increase in net assets per the Form 5500	$1,688,314

The following is a reconciliation of net assets available for benefits as of June 30, 2009 per the financial statements to the Form 5500:

Net assets available for benefits per the financial statements	$9,334,151
Adjustment from contract value to fair value for fully benefit responsive investment contracts	(293,693)
Net assets available for benefits per the Form 5500	$9,040,458

SUPPLEMENTARY INFORMATION

ORBIT INTERNATIONAL CORP. SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2010
EMPLOYER ID. # 11-1826363
Plan Number 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Shares	(e) Market Value
	Common/Collective Trusts			
*	ML Retirement Preservation Trust	Common Collective Trust	2,672,351	$ 2,597,526
	Mutual Funds			
	Fidelity Adv Div Intl T	Registered Investment Company	443	5,647
	Blackrock International Val	Registered Investment Company	1	1
	BlackRock LG Cap Value	Registered Investment Company	62,906	762,417
	MFS Core Growth FD CL A	Registered Investment Company	1,723	24,529
	AIM Small Cap Equity FD A	Registered Investment Company	2,778	26,226
	TCW Value Opportunities Fund N	Registered Investment Company	1,112	16,160
	Putnam Small Cap Growth FD	Registered Investment Company	25,468	348,909
	American Growth FD of Amer R3	Registered Investment Company	20,089	496,764
	American Century Gov BD FD Adv CL	Registered Investment Company	88,903	1,008,164
	Mainstay ICAP Intl FD CL R2	Registered Investment Company	28,103	667,532
	Lord Abbett Developing Growth CL A	Registered Investment Company	2,142	33,133
	BlackRock Capital Appreciation A	Registered Investment Company	23,935	423,653
	Invesco Developing Markets Class A	Registered Investment Company	3,505	95,302
	BlackRock Gov Inc A	Registered Investment Company	2	2
	Pimco Total Return Fund CL A	Registered Investment Company	114,666	1,291,135
	MFS Research Intl FD CL A	Registered Investment Company	52,817	641,727
	Putnam High Yield Advantage FD	Registered Investment Company	99	561
	AIM Mid Cap Core Equity Fund A	Registered Investment Company	36,723	735,559
	Eaton Vance LG-Cap Value FD A	Registered Investment Company	3,599	54,961
	Van Kampen Growth & Inc FD CL A	Registered Investment Company	40,386	636,086
	Mass Invest Growth STK FD CL A	Registered Investment Company	2,435	29,857
	Other Assets			
*	Self directed accounts	Self-Directed Brokerage Investment		586,709
	Loans			
	Participant loans	Loans with interest rates ranging from 6.25% to 8.00%		93,723
	Investment Total			**$ 10,576,283**

* Party-in-interest

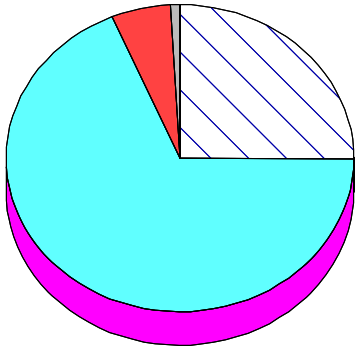
See independent auditors' report.

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2009 - 06/30/2010

ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 25.09% COMMON / COLLECTIVE TRUSTS
- 5.51% OTHER ASSETS
- 0.00% ACCRUED INCOME
- 68.52% MUTUAL FUNDS
- 0.88% LOANS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
ML RET PRESERVATION TRUST	1,891,459.0100	1.000	1,891,459.01	1,891,459.01	17.76%
ML RET PRES TRUST GM	780,892.4509	1.000	780,892.46	780,892.45	7.33%
TOTAL COMMON / COLLECTIVE TRUSTS			2,672,351.47	2,672,351.46	25.09%
MUTUAL FUNDS					
FIDELITY ADV DIV INTL T	443.2710	12.740	7,408.25	5,647.27	0.05%
BLACKROCK INTERNAT VAL A GM	0.0874	17.220	1.84	1.51	0.00%
BLACKROCK LG CAP VALUE A	18,061.8630	12.120	262,246.76	218,909.78	2.06%
BLACKROCK LG CAP VALUE A GM	44,843.8646	12.120	627,214.29	543,507.64	5.10%
MFS CORE GROWTH FD CL A	1,722.5815	14.240	23,681.83	24,529.56	0.23%
INVESCO SMALL CAP EQUITY FD A	2,778.1424	9.440	22,828.65	26,225.66	0.25%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2009 - 06/30/2010

ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLIANCE BERN INTL VAL CL A GM	0.0002	11.180	0.00	0.00	0.00%
TCW VALUE OPPORTUNITIES FUND N	1,112.2121	14.530	21,756.22	16,160.44	0.15%
PUTNAM SMALL CAP GROWTH A GM	25,467.8301	13.700	452,458.26	348,909.27	3.28%
AMERICAN GROWTH FD OF AMER R3	2,787.9931	24.740	80,938.24	68,974.95	0.65%
AMERICAN GRTH FD OF AMER R3 GM	17,291.3770	24.740	435,076.90	427,788.67	4.02%
AMERICAN CENT GOV BD FD CL A	3,057.8937	11.340	34,145.57	34,676.51	0.33%
AMERICAN CENT GOV BD FD CL A	85,845.4693	11.340	957,115.89	973,487.62	9.14%
INVESCO VAN KAMPEN GROWTH A	4,837.5705	15.750	80,021.69	76,191.74	0.72%
INVESCO VAN KAMPEN GROWTH A	35,548.8530	15.750	627,770.94	559,894.43	5.26%
MAINSTAY ICAP INTL FD CL R2	3,065.9621	23.730	73,207.62	72,755.28	0.68%
MAINSTAY ICAP INTL FD CL R2 GM	25,064.3387	23.730	604,026.38	594,776.76	5.58%
LORD ABBETT DEVELOPING GRWT FD	2,141.7483	15.470	33,132.84	33,132.85	0.31%
BLACKROCK CAPITAL APPRC CL A	345.7255	17.700	5,948.74	6,119.34	0.06%
BLACKROCK CAPITAL APP GM CL A	23,589.4646	17.700	392,649.96	417,533.52	3.92%
BLACKROCK GOV INC A GM	0.1674	10.850	1.85	1.82	0.00%
PIMCO TOTAL RETURN FUND CL A	14,270.4989	11.260	152,107.85	160,685.82	1.51%
PIMCO TOT RET FD CL A GM	100,395.1013	11.260	1,074,356.31	1,130,448.84	10.61%
INVESCO DEVELOPING MRKTS FD A	3,505.0248	27.190	95,301.62	95,301.62	0.89%
MFS RESEARCH INTL FD CL A	5,389.8116	12.150	84,220.31	65,486.21	0.61%
MFS RESEARCH INTL FD CL A-GM	47,427.2391	12.150	699,615.81	576,240.96	5.41%
PUTNAM HIGH YIELD ADV FD	99.0281	5.660	557.09	560.50	0.01%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2009 - 06/30/2010

ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESCO MID CAP CORE EQTY FD A	1,616.7382	20.030	38,028.87	32,383.27	0.30%
INVESCO MID CAP CORE EQTY FD A	35,106.1077	20.030	794,781.60	703,175.34	6.60%
EATON VANCE LG-CAP VALUE FD A	3,599.3021	15.270	62,873.74	54,961.34	0.52%
MASS INVEST GROWTH STK FD CL A	2,435.3140	12.260	28,729.69	29,856.95	0.28%
TOTAL MUTUAL FUNDS			7,772,205.61	7,298,325.47	68.52%
OTHER ASSETS					
SELF-DIRECT ACCT	586,708.7400	1.000	586,708.74	586,708.74	5.51%
LOANS					
LOAN FUND	93,705.7400	1.000	93,705.74	93,705.74	0.88%
INVESTMENT TOTAL			11,124,971.56	10,651,091.41	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			17.50	17.50	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			11,124,989.06	10,651,108.91	100.00%

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades

