Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending	12/31/2	2010			
Α .	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under:		extension	,	DFVC program			
	special extension (enter description		Oxionolon					
Do		,						
	Int II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit			
	RA TOOL 401(K)/PROFIT SHARING PLAN			10	nlan number			
71011	at 1882 181(19)1 Her H. Grin attite I Er at				(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2008			
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
AST	RA TOOL & INSTRUMENT MANUFACTURING CORP.			20	(LIIV)			
	BRADHURST AVE			20	Plan sponsor's telephone number 914-747-3863			
HAW	THORNE, NY 10532-1141			2d	Business code (see instructions)			
				ļ	332700			
3a ASTE	Plan administrator's name and address (if same as Plan sponsor, et RA TOOL & INSTRUMENT MANUFACTURING 369 BRADHU			3b	Administrator's EIN 11-1657140			
COR				30	Administrator's telephone number			
					914-747-3863			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DNI			
52	Total number of participants at the hadisping of the plan year				37			
	5a Total number of participants at the beginning of the plan year							
	b Total number of participants at the end of the plan year				30			
С	Total number of participants with account balances as of the end of complete this item)		•	5c	10			
	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No			
b	Are you claiming a waiver of the annual examination and report of a		'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.				
	rt III Financial Information		<u> </u>					
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year			
	Total plan assets	. 7a	3860		54356			
b	Total plan liabilities	. 7b		0	0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	3860	5	54356			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants		1557	1				
	(3) Others (including rollovers)	8a(3)		0				
h	Other income (loss)	8b	473	2				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			_	20303			
c d	Benefits paid (including direct rollovers and insurance premiums	. 8c						
u	to provide benefits)	8d	368	8				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	86	4				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4552			
i	Net income (loss) (subtract line 8h from line 8c)	8i			15751			
i	Transfers to (from) the plan (see instructions)			0				

Fo	rm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

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

D	if the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Coc	ies in t	ne instru	Ctior	15:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Aı	mount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					246
f	Has	s 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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))				•		Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?.		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	'es," enter the amount of any plan assets that reverted to the employer this year			13a			<u> </u>	
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to				_	_
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3) PN(s)
						, ,			` ` ` `
٠٠	ior:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	lo ca:	iso is	netahl	ichod			
		A penalty for the late of incomplete filling of this return/report will be assessed unless reasonable halties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					nahl	a 2 Cab	nedule
SB o	· Śch	raines of perjury and other penalties set for in the instructions, i declare that i have examined this returnated the set of the penalties set for in the instructions, i declare that i have examined this returnated the set of the penalties set for in the instructions, i declare that i have examined this returnated the penalties set for in the instructions, i declare that i have examined this returnated that it have examined this returnated that it have examined this returnated that it have examined the penalties of the p							

SIGN	Filed with authorized/valid electronic signature.	09/14/2011	GREG UNMANN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/14/2011	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

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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	► Complete all entries in accor	dance with	n the instructions to the Form 550	o-SF.				
-	art Annual Report Identification Information							
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010 and ending	12	2/31/2010			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)	[one-participa	nt plan		
В	This return/report is for: first return/report	final return	n/report					
	an amended return/report	short plan	year return/report (less than 12 month	าร)				
С	Check box if filing under:	automatic	extension	· ſ	DFVC progra	m		
	special extension (enter description			L		•••		
	art II Basic Plan Information — enter all requested infor Name of plan	mation.		1h	Three-digit	T		
	·				plan number			
	Astra Tool 401(k)/Profit Sharing Plan				(PN) ►	001		
				1c Effective date of plan 01/01/2008				
2a	Plan sponsor's name and address (employer, if for single-employer pl	lan)		2b Employer Identification Number				
	Astra Tool & Instrument Manufacturing Corp.	•			(EIN) 11-165	57140		
	369 Bradhurst Ave			2c		elephone number		
	200 0134			2d	(914) 747-3863 Business code (see instructions)			
	Hawthorne NY 10532-1141				332700			
Зa	Plan administrator's name and address (If same as plan employer, en Same	iter "Same")	36	b Administrator's EIN			
				Зс .	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b EIN				
	name, EIN and the plan number from the last return/report, Sponsor's	Name		4c PN				
5a	Total number of participants at the beginning of the plan year			5a		37		
b	Total number of participants at the end of the plan year			5b		30		
¢	Total number of participants with account balances as of the end of the	ie plan yea	r (defined benefit plans do not	F.				
6a	complete this item)							
	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	d conditions	i.)			X Yes No		
_	If you answered "No" to either 6a or 6b, the plan cannot use Form	1 5500-SF	and must instead use Form 5500.					
	art III Financial Information	T:						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	7a	38,605		·	54,356		
b	Total plan liabilities	. 7b	l o					
C	Net plan accete (cubiract line 7h from line 7n)	1	<u> </u>	_		0		
_	Net plan assets (subtract line 7b from line 7a)	. 7c	38,605			0 54,356		
8	Income, Expenses, and Transfers for this Plan Year	. 7c			(b) T			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		38,605 (a) Amount		(b) 1	54,356		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	38,605 (a) Amount		(b) T	54,356		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2)	38,605 (a) Amount 0 15,571		(b) 1	54,356		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	38,605 (a) Amount 0 15,571		(b) 1	54,356		
a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	38,605 (a) Amount 0 15,571		(b) 1	54 , 356 otal		
a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	38,605 (a) Amount 0 15,571		(b) T	54,356		
a b c	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	38,605 (a) Amount 0 15,571		(b) T	54 , 356 otal		
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	38,605 (a) Amount 0 15,571 0 4,732		(b) 1	54 , 356 otal		
a b cd e f	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	38,605 (a) Amount 0 15,571 0 4,732		(b) 1	54 , 356 otal		
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	38,605 (a) Amount 0 15,571 0 4,732 3,688 0		(b) T	54 , 356 otal		
a b cd e f	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	38,605 (a) Amount 0 15,571 0 4,732 3,688 0 864		(b) T	54 , 356 otal		
a b c d e f g .	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	38,605 (a) Amount 0 15,571 0 4,732 3,688 0 864		(b) T	54,356 Potal		

<u></u>	Form 5500-SF 2010		Page 2-						
Part	IV Plan Characteristics								
***************************************	the plan provides pension benefits, enter the applicable pension feature	re codes from the L	ist of Plan Charact	eristic (Codes	in the	instruction	ıs:	
	2F 2G 2J 3D								
UH	the plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	it of Plan Characte	ristic C	odes i	n the i	nstructions	:	
Part	V Compliance Questions						· · · · · · · · · · · · · · · · · · ·		
10	During the plan year:				Yes	No	1	Amount	
	Was there a failure to transmit to the plan any participant contribution	within the time neri	nd described in		103			Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	n)	10a		×			
b	Were there any nonexempt transactions with any party-in-interest? (D	o not include transa	ctions reported			x			
	on line 10a.)			10b		 	 		
	Was the plan covered by a fidelity bond?			10c	x	<u> </u>	ļ		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was c	aused by fraud	404		x			
e				100	 	 			
·	Were any fees or commissions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the	rrsons by an insurar ne benefils under th	ice carrier, e plan? (See						
	instructions.)				X	<u> </u>			246
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount as of			10g		х			
h	If this is an Individual account plan, was there a blackout period? (See	instructions and 29	CFR			x		,.	
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the re			10h				·	
	exceptions to providing the notice applied under 29 CFR 2520.101-3	quirea notice or on	e or the	10i					
	VI Pension Funding Compliance						·	**************************************	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see insl	ructions and comp	lete Sc	hedul	s SB (Form		[F2]. I.
12	5500))								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	arements of section	412 of the Code o	rsecuc	on auz	OI EN	ISA?		X No
	If a waiver of the minimum funding standard for a prior year is being a		vear see instructi	one ar	nd ent	ar tha	dala of the	lotter puline	-
	granting the waiver		Mo	nth		Day	/	Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				۲				
	Enter the minimum required contribution for this plan year					12b			····
d d	Enter the amount contributed by the employer to the plan for this plan	year				12c			
u	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	is sign to the left of	a		12đ			
е	Will the minimum funding amount reported on line 12d be met by the t					····	Yes	No	□N/A
Part \	/II Plan Terminations and Transfers of Assets	arioning dodonato.		<u> </u>		<u> </u>			
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	2.					TYes	x No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year	· · · · · · ·	· · ·	r .	13a	_ ` ` `		25,140
b	Were all the plan assets distributed to participants or beneficiaries, trai	nsferred to another	plan, or brought un	der the	contr				
	orme PBGC? ,							. Tyes	X No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another p	lan(s), identify the	plan(s)	to				
	c(1) Name of plan(s):			T		- (0) =	11.14.3	1	
				 	13	c(2) E	iiv(s)	130(3)	PN(s)
				1					
					-	········			
Caution	: A penalty for the late or incomplete filing of this return/report wi	ll be assessed uni	ess reasonable c	ause is	esta	blishe	đ,		
Under p SB or S	enalties of perjury and other penalties set forth in the instructions, I de	clare that I have ex	amined this return/	report,	includ	ing, if	applicable,	a Schedule)
bellef, it	chedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	ne electronic versio	n of this return/rep	ort, and	d to the	e best	of my know	vledge and	
SIGN		9/14/1	Greg Unmann						
HERE		Date .		dice			-1 : : :	Y-1	·
SIGN		9/14/4	Enter name of inc	iviaua	signi	ig as	pian admin	strator	
HERE	Signature of employer/plan sponsor	7 77 9	Greg Unmann				····		
	I aidumenta or ambiolambian abouzot	Date	Enter name of inc	tividua	l signi	ng as	employer o	r plan spon	sor