| | Form 5500-SF Short Form Annual Return/Report of Small Employee | | | | | OMB Nos. 1210-0110 1210-0089 | | | | | |
|---|--|---|---|---|----------------------|--|--|--|--|--|--|
| | Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee | | | | 20 | 2009 | | | | | |
| Er | Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of Internal Revenue Code (the Code). | | | | | This Form is Open to Public | | | | | |
| P | ension Benefit Guaranty Corporation | Inspection | | | | | | | | | |
| | Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | | | | | | | | | | |
| | calendar plan year 2009 or fisca | al plan year beginning 01/01/2009 | | g | 12/31/ | | | | | | |
| | This return/report is for: | 1°''' Ц | | mployer plan (not multiemployer) | one-participant plan | | | | | | |
| в | This return/report is for: | first return/report | final return | n/report year return/report (less than 12 mo | | | | | | | |
| • | | ntns) | | | | | | | | | |
| C | Check box if filing under: | Form 5558 | | extension | | X DFVC program | | | | | |
| D | special extension (enter description) | | | | | | | | | | |
| | ITT II Basic Plan Inform | nation—enter all requested information | ation | | 1h | Three-digit | | | | | |
| | CTRONIC SYSTEMS PLUS, INC | C. 401(K) PLAN | | | 10 | plan number | | | | | |
| | | | | | | (PN) ▶ 001 | | | | | |
| | | | | | 1c | Effective date of plan 01/01/1993 | | | | | |
| | Plan sponsor's name and addrect CTRONIC SYSTEMS PLUS, INC. | ess (employer, if for single-employer | plan) | | 2b | Employer Identification Number (EIN) 13-3260675 | | | | | |
| 12 CI | LEVELAND STREET | | | | 2c | Plan sponsor's telephone number 914-681-6066 | | | | | |
| VAL | IALLA, NY 10595 | | | | 2d | Business code (see instructions) 423600 | | | | | |
| | Plan administrator's name and CTRONIC SYSTEMS PLUS, INC | address (if same as Plan sponsor, er C. 12 CLEVELA | | , | 3b | Administrator's EIN 13-3260675 | | | | | |
| | | 3c | 3c Administrator's telephone number 914-681-6066 | | | | | | | | |
| | f the name and/or EIN of the pla | 4b EIN | | | | | | | | | |
| I | name, EIN, and the plan numbe | r from the last return/report. Sponso | r's name | | 4c | PN | | | | | |
| 5a | Total number of participants at | the beginning of the plan year | | | - | 37 | | | | | |
| b | Total number of participants at | the end of the plan year | | | 5b | 0 | | | | | |
| C | | th account balances as of the end of | | | 5c | 0 | | | | | |
| 6a | Were all of the plan's assets d | uring the plan year invested in eligibl | le assets? | (See instructions.) | | X Yes No | | | | | |
| b | | e annual examination and report of a | | | | | | | | | |
| | | See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo | | | | Yes No | | | | | |
| Pa | rt III Financial Informa | | 5111 5500- | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year | | | | | |
| а | Total plan assets | | 7a | 51182 | 0 | 0 | | | | | |
| b | Total plan liabilities | | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7 | b from line 7a) | 7c | 51182 | 0 | 0 | | | | | |
| 8 | Income, Expenses, and Transf | | | (a) Amount | | (b) Total | | | | | |
| а | Contributions received or recei | vable from: | 8a(1) | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| b | | | | | | | | | | | |
| с | Total income (add lines 8a(1), | 8a(2), 8a(3), and 8b) | | | | | | | | | |
| d | | ncome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c its paid (including direct rollovers and insurance premiums vide benefits) | | | 0 | | | | | | |
| Certain deemed and/or corrective distributions (see instructions) | | | | | | | | | | | |
| f | f Administrative service providers (salaries, fees, commissions) | | | | | | | | | | |
| g | Other expenses | | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8 | 3e, 8f, and 8g) | | | | 511820 | | | | | |
| i | Net income (loss) (subtract line | 8h from line 8c) | 8i | | | -511820 | | | | | |
| j | Transfers to (from) the plan (se | e instructions) | 8j | | | | | | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

Part IV Plan Characteristics

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

| ring the plan year: is 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) re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.) as the plan covered by a fidelity bond? I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty? 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 tructions.) is the plan have any participant loans? (If "Yes," enter amount as of year end.) his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.) Oh was answered "Yes," check the box if you either provided the required notice or one of the | 10a 10b 10c 10d 10e 10f 10g | Yes | No × × × × × × | | Amo | ount | 39000 |
|--|--|--|---|---|---|--|---|
| CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) there there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.) | 10b 10c 10d 10e 10f | X | x | | | | 39000 |
| line 10a.) | 10c 10d 10e 10f | X | X | | | | 39000 |
| I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty? | 10d 10e 10f | X | | | | | 39000 |
| dishonesty? are 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 tructions.) s the plan failed to provide any benefit when due under the plan? I the plan have any participant loans? (If "Yes," enter amount as of year end.) his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.) | 10e 10f | | | | | | |
| urance service or other organization that provides some or all of the benefits under the plan? (See tructions.) | 10f | | x | | | | |
| I the plan have any participant loans? (If "Yes," enter amount as of year end.) nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.) | | | | | | | |
| nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.) | 10g | | Х | | | | |
| 20.101-3.) | | | Х | | | | |
| 0h was answered "Yes," check the box if you either provided the required notice or one of the | 10h | | | | | | |
| eptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| Pension Funding Compliance | | | | | | | |
| nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com | | | | | 🗌 | Yes | X No |
| Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ming the waiver | ctions, th of a | and e | enter th | e date o | f the le | | - |
| | | - | | Yes | | lo | N/A |
| | | | | 100 | | | |
| | | | | | X | Ves | No |
| | | | | | | 103 | 0 |
| | | | | | | | |
| he PBGC? | | | | | × | Yes | No No |
|) Name of plan(s): | 13c(2) EIN(s) 13c(3) | | | PN(s) | | | |
| | | | | | | | |
| | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com bis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ('es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. bis a defined line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. bis re the minimum required contribution for this plan year. bis re the amount contributed by the employer to the plan for this plan year. tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount). the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted during the plan year or any prior year? e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? tring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.) | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete sol) | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched be a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3 (res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e ting the waiver | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SE)) | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form D)) | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form D) | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes //es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 letter ruli ting the waiver |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 | Filed with authorized/valid electronic signature. | 05/18/2012 | JOHN COLASACO |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 05/18/2012 | JOHN COLASACO |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| | Form 5500-SF | Short Form Annual | ual Return/Report of Small Employee Benefit Plan | | | | OMB Nos. 1210-0110 1210-0089 | | | |
|---|---|--|---|---|-------------------------------------|---|--|--|--|--|
| Internal Revenue Service This form is required to be filed Retirement income Security A Employee Benefits Security Administration Internal Re | | | | ed under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code). | | | 2009 | | | |
| | | | | | | | This Form is Open to Public | | | |
| | | Complete all entries in acc dentification information | ordance with | the instruction | na to the Form 55 | 00-SF. | Inspection | | | |
| | the calendar plan year 2009 or | | | 1/2009 | and ending | | /31/2009 | | | |
| | | aingle employer plan | - | | ot multiemployer) | <u></u> Г | one-participant plan | | | |
| _ | This return/report is for: | first return/report | Tinal return | | | L | T oue-baracipant plan | | | |
| | | an amended return/report | | • | ort (less than 12 mo | athe) | | | | |
| С | Check box if filing under: | Form 5558 | automatic | | | · _ | d DFVC program | | | |
| - | | apecial extension (enter descript | | | | 6 | g brve program | | | |
| | Basic Plan Infor | mation enter all requested in | | | | | | | | |
| 1 a | Name of plan | Thation energy requested in | matiçi. | | | 1b - | Three-digit | | | |
| | Electronic Systems Fl | 118. The 401 (K) Rien | | | | F | dan number | | | |
| | | the, for the (N) Fight | | | | | PN) PO1 Effective date of plan | | | |
| <u> </u> | | | | | | | 01/01/1993 | | | |
| Za | Plan sponsor's name and addre | ess (employer, if for single-employe | er plan) | | | | 2b Employer Identification Number | | | |
| | Electronic Systems Pl | lus, Inc. | | | | | EIN) 13-3260675 | | | |
| | 12 Cleveland Street | | | | | 26 1 | Plan sponsor's telephone number (914) 681–5066 | | | |
| US | Valhalle | NY 10595 | | | | 2d 6 | Business code (see Instructions) | | | |
| 3a | Plan administrator's name and Same | address (if same as plan employer | , enter "Same' |) | <i></i> | | Administrator's EIN | | | |
| | | | | | | 20 | 20.1 | | | |
| | | | | | 3C Administrator's telephone number | | | | | |
| 4 | If the name and/or EIN of the pl | ian sponsor has changed since the | ort filed for this | plan, enter the | ter 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 | | | |
| Ь | Total number of participants at | the end of the plan year | | | | 5b | 0 | | | |
| C | Total number of participants with | th account balances as of the end of | of the plan yea | r (defined benefi | it plans do not | 5c | | | | |
| 6a | complete this item) | | | | | | 0 XYes []No | | | |
| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | | | | |
| | under 29 CFR 2520.104-46? (S | See instructions on waiver eligibility | and conditions | k) | | · · · · | , 🛣 Yes 🗌 No | | | |
| | Financial Inform | r 6a or 6b, the plan cannot use F | orm 6500-SF | and must inste | ad use Form 6600. | | | | | |
| <u>)#585</u> 7 | Plan Assets and Liabilities | auon | | (A) B+ | | | | | | |
| a | Total plan assets | 100 | 7a | (a) 80 | ginning of Year | | (b) End of Year | | | |
| b | Total plan liabilities | | . /a . 7b | | 511,820 | | 0 | | | |
| c | Net plan assets (subtract line 7) | • • • • • • • • • • • • • • • • • • • | · · /0 | 1 | 511,820 | | | | | |
| 8 | Income, Expenses, and Transfe | | | | | | | | | |
| a | Contributions received or receiv | | CHECKEL CONTRACT | a (8 |) Amount | e a companya | (b) Total | | | |
| | (1) Employers | | <u>8a(1)</u> | | | | | | | |
| | (2) Participants | | · · <u>8a(2)</u> | | | 222 | Contracting and the second | | | |
| | (3) Others (including rollovers) | | <u>8a(3)</u> | | | | | | | |
| Þ | , | | 86 | 107/07/07/07/07/07/07/07/07/07/07/07/07/0 | | | | | | |
| d | Total income(add lines 8a(1), 8 Reposite poid (including direct of | a(2), 8a(3), and 8b) | · · 8c | | | All of the | an a | | | |
| u | to provide benefits) | ollovers and insurance premiums | | | 511,920 | | Sondade and destruction of the second | | | |
| 8 | , | ive distributions (see instructions) | ••• <mark>•80</mark> •• 8 0 | | 511,010 | | C. C. Stores of Market Strategy and | | | |
| f | | s (salaries, fees, commissions) | 8f | | | | | | | |
| ġ | Other expenses | | 8g | | | 2013) 6000 | | | | |
| h | Total expenses (add lines 8d, 6 | 3e. 8f. and 8o) | 8h | | | | 511,820 | | | |
| ï | Net income (loss) (subtract line | | 81 | | ranan in service | | (511,820) | | | |
| i | Transfers to (from) the plan (se | | 8j | NALA ANG KANGANAN NANG KANG KANG KANG | | | | | | |
| Fc | | tice and OMB Control Numbers, | - | tions for Form | 1 6600-SF. | Providen. | Form 5500-SF (2009) | | | |

Form 5500-3F (2009) \$1:07 6007/90/L0

| | a.L | Plan Characteristics | | | | | | | |
|---|--------|--|---|--|-----------------------|---------------------|-----------------------------------|-------------------------------|-----------------------|
| 9a | lf 1 | he plan provides pension benefita, enter the applicable pension feat | ture codes from the L | ist of Plan Characteristic | Code | s in the | instructions: | | |
| b | If 1 | 2E 2F 2G 2J 2K 3D he plan provides welfare benefits, enter the applicable welfare featu | ite codes from the Lit | t of Plan Characteristic (| Codes | in the i | natructions; | | |
| | | Compliance Questions | | | | | | | |
| 10 | | During the plan year: | | | Yes | No | | hount | |
| a | | Was there a failure to transmit to the plan any participant contribution | a within the time need | | | | An | | |
| - | | 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducial | ry Correction Program | n) [104 | n | x | | | |
| b | | Nere there any nonexempt transactions with any party-in-interest? (| Do not include transa | ctions reported | | | | | |
| | | on line 10a.) | | · · · · · · 10 | <u> </u> | × | | | |
| ¢ | | Nas the plan covered by a fidelity bond?. | | 10 | × | | | 39 | 9,000 |
| d | | Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty? | | | | x | | | |
| Ø | | Nere any fees or commisions paid to any brokers, agents, or other p nsurance services or other organization that provides some or all of | the benefits under th | e plan? (See | | | | | |
| | | nstructions.) | | 100 | <u> </u> | × | | | |
| f | I | las the plan failed to provide any benefit when due under the plan? | • • • • • • • | 10 | , | π | | | |
| 9 | | Did the plan have any participant loans? (If "Yes," enter amount as o | ofyearend.) | 10 | , | x | | | |
| h | | t this is an individual account plan, was there a blackout partod? (Se 250.101-3.) | e instructions and 29 | CFR | | | | | (jage i |
| i | i | f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3 | required notice or on | e of the | | | | | Susacou Bioriga Si |
| | | Pension Funding Compliance | <u></u> | | <u> </u> | | | A DE LE CALENCE DE LE CALENCE | (********* |
| 11 | I | s this a defined benefit plan subject to minimum funding requiremen (500)) | nts? (if "Yes," see ins | ructions and complete S | Schedu | ile SB (| Form | Yes 🕱 | |
| 12 | 1 | s this a defined contribution plan subject to the minimum funding real If "Yes," complete 12a or 12b. 12c, 12d, and 12e below, as applicat | guirements of section | | | | | Ves X | |
| a If | 1 | f a waiver of the minimum funding standard for a prior year is being pranting the waiver u completed line 12a, complete lines 3, 9, and 10 of Schedule M | | Month | and er | iter the Da | date of the lef | | |
| b | | Enter the minimum required contribution for this plan year | • | - | Г | 12b | | | - |
| c | | | | | | 12c | | | |
| ď | | Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter th | | | • | 146 | | | |
| | | legative amount) | * * * * * * * * * | | . | 12d | | | |
| | | Will the minimum funding amount reported on line 12d be met by the | | | | | ⊡Yes [| No 🗌 | N/A |
| 9,46) 16 | 5 | | | | <u> </u> | | | | |
| 13a | | tas a resolution to terminate the plan been adopted during the plan | wear or any order yea | | | | | XYes | |
| | | "Yes," enter the amount of any plan assets that reverted to the em | | | | | <u> </u> | | 0 |
| b | | Nere all the plan assets distributed to participants or beneficiaries, tr | | | | | | | 0 |
| с | i I | of the PBGC? I during this plan year, any assets or liabilities were transferred from vhich assets or liabilities were transferred. (See instructions.) | | | | | | X Yes | No |
| | 13 | c(1) Name of plan(s): | | | 1 | 3c(2) 6 | IN(s) | 13c(3) PN | l(a) |
| | | , and the second s | | | | | | · · · · | • / |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Caul | lioi | : A penalty for the late or incomplete filing of this return/report | will be assessed un | less ressonable cause | is est | tablish | ed. | | |
| SB o | r S | enalties of perjupt and other penalties set forth in the instructions, i o checkle MB completed and signed by an enrolled actuary, as well a | declare that I have a s the electronic versions of the sector of the sec | amined this return/repo on of this return/report, a | rt, inclu ind to f | uding, i the bes | f applicable, a t of my knowle | Schedule edge and | |
| Celle Refer | | is true, consect and complete. | T | - Toban Call | <i>a</i> | 7 | | | |
| | ĠŅ | | | | | | | | |
| | n | Signature of plan administrator | Date | Enter name of individ | ual sig | ning as | s plan administ | trator | |
| | | 1/1/1 | | John (i | 104 \$ | A(1 | 61 | | |
| 88. cy. | and a | Signature of employer/plan sponsor | Date | Enter name of Individ | ual sio | ning as | employer or a | plan sponsor | |
| nen en | | | • | | | | | | |

| Form 55 | 00-SF 20 | | |
|---------|----------|------|--|
| | | | |
| | | | |

y initia yayada maran

Page 03/04

<u>\$</u>\$#

Page 2-

01/06/2009 20:13