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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance with	n the instructions to the Form 550	JU-SF.	
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/2	011
A	This return/report is for: $\overline{\mathbb{X}}$ a single-employer plan $\overline{\mathbb{X}}$	a one-participant plan			
В	This return/report is: the first return/report				
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)	
С	Check box if filing under: X Form 5558	extension	-	DFVC program	
·	special extension (enter descriptio			L	
De	<u> </u>	<i>'</i>			
	art II Basic Plan Information—enter all requested information	ation		1 h	Thurs a stimit
	Name of plan RA TOOL 401(K)/PROFIT SHARING PLAN				Three-digit plan number
7011	A TOOL FOR (K)/THOITH GHAKING LEAV				(PN) ▶ 001
				1c	Effective date of plan
					01/01/2008
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identification Number
ASTI	RA TOOL & INSTRUMENT MANUFACTURING CORP.				(EIN) 11-1657140
				2c	Sponsor's telephone number
	BRADHURST AVE			0-1	914-747-3863
HAVV	THORNE, NY 10532-1141			2a	Business code (see instructions) 332700
32	Plan administrator's name and address (if same as plan sponsor, er	tor "Come	,")	3h	Administrator's EIN
ASTF	RA TOOL & INSTRUMENT MANUFACTURING 369 BRADHU	RST AVE		30	11-1657140
CORI	P. HAWTHORNE	E, NY 105	32-1141	3c	Administrator's telephone number
					914-747-3863
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	-				29
b	Total number of participants at the end of the plan year			5b	26
				ac	20
С	Number of participants with account balances as of the end of the p complete this item)			5c	8
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		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		· ·		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	54356		63187
b	Total plan liabilities	7b	0		
C	Net plan assets (subtract line 7b from line 7a)	7c	54356		63187
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	90(4)	0		
	(1) Employers	8a(1)	15312		
	(2) Participants	8a(2)	13312		
L	(3) Others (including rollovers)	8a(3)	7		
b	Other income (loss)	8b	1		15319
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10019
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2278		
е	Certain deemed and/or corrective distributions (see instructions)	8e	3207		
f	Administrative service providers (salaries, fees, commissions)	8f	1003		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6488
i	Net income (loss) (subtract line 8h from line 8c)	8i			8831
j	Transfers to (from) the plan (see instructions)	8j			
-		· ~,	1		

Form	5500-	SF	201

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Part IV	I Plan	Charac	cteristics

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

	During the plan year:		Yes	No		۸	aur4	
2	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		163	NO		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
	on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ					2500
i	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							
	or dishonesty?	10d		X				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
	insurance service or other organization that provides some or all of the benefits under the plan? (See		X					_
	instructions.)	10e	^					29
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
1	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	40		Χ				
		10g						
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	1011						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
4 '	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nloto	Schod	سام 95	2 (Eorm			
	5500))				,		Yes	X
	AS INIS A DEUDEO CONTROLUION DIAN SUDIECLIO THE MINIMUM TUNDING TEQUITEMENTS OF SECTION 417 OF THE CODE	or se	ction 3	302 of			Yes	X
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of			Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				ERISA?	?	1	
a		ctions,	and e	nter th	ERISA?	? of the le	etter rul	ing
l	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter th	ERISA?	? of the le	etter rul	ing
y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith	and e	nter th	ERISA?	? of the le	etter rul	ing
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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.	08/27/2012	GREG UNMANN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/27/2012	GREG UNMANN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name:

Astra Tool 401(k)/Profit Sharing Plan

EIN/PN:

11-1657140/001

Plan Year: 01/01/2011 - 12/31/2011

I hereby authorize Jim Hallinan Pension Consulting, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information								
	he calendar plan year 2011 or fiscal plan year beginning	01/01,	/2011	and ending	12	/31/2011			
А т	This return/report is for:	a multiple-e	mployer plan (not multiemployer)	er) a one-participant plan				
		the final retu	urn/report	•	-				
,		port (less than 12 n	nonths)						
_	H H	automatic e		port (loco triali la li	голило,	DFVC program	n		
CC	Sheek box if illing drider.	xtension		L					
	special extension (enter description)								
	art II Basic Plan Information enter all requested inform	nation.			46				
1a	Name of plan					Three-digit plan number			
	Astra Tool 401(k)/Profit Sharing Plan					(PN) ►	001		
					}	Effective date of	plan		
						01/01/2008			
2a	Plan sponsor's name and address; include room or suite number (emp. Astra Tool & Instrument Manufacturing Corp.	oloyer, if for	single-employ	er plan)	_ I	Employer Identif (EIN) 11-165			
	Astra 1001 & Instrument handracturing corp.					<u> </u>			
					20	(914) 747-3	elephone number 8863		
	369 Bradhurst Ave				2d	· · · · · · · · · · · · · · · · · · ·	see instructions)		
	Hawthorne NY 10532-1141					332700	,		
	Hawthorne NY 10532-1141 Plan administrator's name and address (If same as plan sponsor, enter	r "Same")			3b	Administrator's I	ΞΙΝ		
vu	Same	,							
					3c	Administrator's f	elephone number		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					46	EIN1			
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	t return/repo	ort filed for this	plan, enter the		4b EIN			
а	Sponsor's Name				4c	4c PN			
						. 5a 29			
5a	Total number of participants at the beginning of the plan year								
5a b	Total number of participants at the end of the plan year				. 5a . 5b		29 26		
	Total number of participants at the end of the plan year	n year (defii	 ned benefit pla	ns do not	. 5b		26		
c b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the pla complete this item)	n year (defii	ned benefit pla	ns do not	. 5b				
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6a b Pa 7 a b c 8 a b c	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item)	n year (defii ssets? (See independer d conditions n 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ned benefit pla in the instructions.) at qualified pub in the instructions and must instructions.	ns do not lic accountant (IQP sad use Form 5500 eginning of Year 54,35 54,35 (a) Amount	. 5b . 5c	(b) End	26 8 XYes No XYes No of Year 63,187 Total		
6a b Pa 7 a b c 8 a b c d	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item)	n year (defii ssets? (See independer d conditions n 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ned benefit pla in the instructions.) at qualified pub in the instructions and must instructions.	ns do not lic accountant (IQP ead use Form 5500 eginning of Year 54,35 54,35 (a) Amount 15,31	. 5b . 5c	(b) End	26 8 XYes No XYes No of Year 63,187 Total		
6a b Pa 7 a b c 8 a b c d e	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item)	n year (defii ssets? (See independer i conditions n 5500-SF a 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f	ned benefit pla in the instructions.) at qualified pub in the instructions and must instructions.	ns do not lic accountant (IQP ead use Form 5500 eginning of Year 54,35 54,35 (a) Amount 15,31	. 5b . 5c	(b) End	26 8 XYes No XYes No of Year 63,187 Total		
6a b Pa 7 a b c 8 a b c d e f	Number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item)	n year (defii	ned benefit pla in the instructions.) at qualified pub in the instructions and must instructions.	ns do not lic accountant (IQP ead use Form 5500 eginning of Year 54,35 54,35 (a) Amount 15,31	. 5b . 5c	(b) End	26 8 XYes No XYes No of Year 63,187 Total		
6a b Pa 7 a b c 8 a b c d e f g	Number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item)	n year (defii ssets? (See independer definitions 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ned benefit pla in the instructions.) at qualified pub in the instructions and must instructions.	ns do not lic accountant (IQP ead use Form 5500 eginning of Year 54,35 54,35 (a) Amount 15,31	. 5b . 5c	(b) End	26 8 XYes No XYes No of Year 63,187 Total		

	Form 5500-SF 2011	Pa	ge 2-						
Part I	/ Plan Characteristics								
9a Ifti	e plan provides pension benefits, enter the applicable pension feature	re codes from the List	of Plan Characte	ristic (Codes	in the	instructions		
b If th	2F 2G 2J 3D e plan provides welfare benefits, enter the applicable welfare feature	codes from the List	of Plan Characteri	stic Co	odes i	n the in	structions:		
D()	()								
	Compliance Questions				Yes	No		Amount	
	uring the plan year: /as there a failure to transmit to the plan any participant contributions	within the time nerio	d described in		103			41110dill	
b v	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Vere there any nonexempt transactions with any party-in-interest? (D	Correction Program) o not include transact	ions reported	10a		x			
	n line 10a.)			10b	77				25,000
_	Vas the plan covered by a fidelity bond?			10c	Х				25,000
	id the plan have a loss, whether or not reimbursed by the plan's fidel r dishonesty?			10d		х			
ir	Vere any fees or commisions paid to any brokers, agents, or other persurance services or other organization that provides some or all of the structions.)	ne benefits under the	plan? (See	10e	х				294
_	as the plan failed to provide any benefit when due under the plan?			10f		x			
g	id the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a		х			
h ii	this is an individual account plan, was there a blackout period? (See 520.101-3.)	instructions and 29 (CFR			х			
	10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
	I Pension Funding Compliance								
11 i	s this a defined benefit plan subject to minimum funding requirements	•	•					Yes	s X No
12	s this a defined contribution plan subject to the minimum funding requ f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	uirements of section 4						. Yes	s X No
g	a waiver of the minimum funding standard for a prior year is being a ranting the waiver		Moi						
If you	ı completed line 12a, complete lines 3, 9, and 10 of Schedule ME	(Form 5500), and sl	kip to line 13.		Г	404			
	inter the minimum required contribution for this plan year					12b			
_	inter the amount contributed by the employer to the plan for this plan subtract the amount in line 12c from the amount in line 12b. Enter the	•			. -	12c			
	egative amount)	,	-	а • •	.	12d			
e \	Vill the minimum funding amount reported on line 12d be met by the	funding deadline? .					Yes	□No	□N/A
Part V	II Plan Terminations and Transfers of Assets								
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?				بے ،			. Yes	s X No
	"Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
	Vere all the plan assets distributed to participants or beneficiaries, traft the PBGC?	•		der th	e con	trol		Ye:	s X No
	during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	his plan to another pl	an(s), identify the	plan(s) to				
13	c(1) Name of plan(s):				1:	3c(2) E	IN(s)	13c(3) PN(s)
Caution	: A penalty for the late or incomplete filing of this return/report w	/ill be assessed unle	ess reasonable c	ause i	is est	ablishe	ed.		
Under p SB or Se	enalties of perjury and other penalties set forth in the instructions, I described and signed by an enrolled actuary, as well as is true, correct, and complete.	eclare that I have exa	mined this return/	report	, inclu	ding, if	applicable,		
SIGN	a comment of the comm	8/21/12	Greg Unmann						
HERE	Signature of plan administrator	Date	Enter name of in		al sigr	ning as	plan admir	nistrator	
CICN	es	8/7/11/12	Grea Unmann		<u> </u>				

Date

Enter name of individual signing as employer or plan sponsor

HERE | Signature of employer/plan sponsor