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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in	accordance with	h the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Identification Information	n					
For	calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011	and ending 0	3/11/2	011		
Δ	This return/report is for:	☐ a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
		=	eturn/report	I			
Ь		H	•				
	an amended return/report	X a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatio	extension		X DFVC progra	m	
	special extension (enter de	scription)		•			
Dr		' '					
		information		4 14	- 1 11 12		
	Name of plan	O DL AN			Three-digit plan number		
BRU	OKHAVEN INSTRUMENTS CORP 401 (K) PROFIT SHARING	G PLAN			(PN) ▶	001	
					Effective date of		
				10	01/01/		
-20	Discourance and address include users an evidence	-h ((for a single amplemental)	26			
	Plan sponsor's name and address; include room or suite num OKHAVEN INSTRUMENTS CORP	nber (employer, ii	for a single-employer plan)		Employer Identif		er
ORP					-		
				2C	Sponsor's teleph		
	BLUE POINT RD.			•	781-897		
HOL	TSVILLE, NY 11742-1832			2d	Business code (s		ns)
					33450		
	Plan administrator's name and address (if same as plan spor		2")	3b	Administrator's E		
BRO		.UE POINT RD. SVILLE, NY 1174	2-1832	0 -	11-25		
	110210	J V I L L L , I V I I I I I I	2 1002	3C	Administrator's to 781-897		iber
4	If the course and/on FINI of the plan arrange has also are and size	th last matrims/	none of filed for this plant and an the	415		-1210	
4	If the name and/or EIN of the plan sponsor has changed sinc name, EIN, and the plan number from the last return/report.	e the last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan yea	r					25
				5a			
b	Total number of participants at the end of the plan year			5b			(
С	Number of participants with account balances as of the end		•				,
	complete this item)			5c			,
6a	Were all of the plan's assets during the plan year invested in	n eligible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and rep					V vaa E	۱
	under 29 CFR 2520.104-46? (See instructions on waiver elig		•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot	use Form 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	802211			0)
b	Total plan liabilities	7b	0			0)
C	Net plan assets (subtract line 7b from line 7a)		802211			0)
$\overline{}$			(2) Amount		/L\ T	-4-1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	0				
			3426				
	(2) Participants						
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	34661				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				38087	1
d	Benefits paid (including direct rollovers and insurance premit						
	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instruction	ons) 8e					
f	Administrative service providers (salaries, fees, commissions	s) 8f	5				
g	Other expenses	<i>'</i>					
	•					5	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)						
!	Net income (loss) (subtract line 8h from line 8c)					38082	
j	Transfers to (from) the plan (see instructions)	····· 8j	-840293				

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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

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

Part			T				
10	During the plan year:		Yes	No		Mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X				
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1			
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) EII	N(s)	13c(3)	PN(s)
NOV	A 401(K) PLAN	2	27-232	21831		001	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establi	ished.	I	
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returner Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returner.	urn/re	port, ir	ncluding	g, if applicat		
belief	i, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	JANET BARBOOKLES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	rt I Annual Report Ident	tification Information					
For c	alendar plan year 2011 or fiscal pla	an year beginning	01/01/2	011	and ending	(03/11/2011
Ат	his return/report is for:	single-employer plan	a multiple-	employer plan	(not multiemployer)	ſ	a one-participant plan
	· —	he first return/report	X the final ref	urn/report			
		in amended return/report	🗓 a short plan	year return/r	eport (less than 12 m	onths)	
C C	theck box if filing under:	orm 5558	automatic e	extension		5	DFVC program
		pecial extension (enter descr	ription)				
Pa		tion—enter all requested inf			_		
	Name of plan	non-cites an requested in	omation .			1b	Three-digit
	ookhaven Instruments	Corp 401 (K) Prof	it Sharin	g Plan			plan number
		_				_	(PN) • 001
							Effective date of plan 01/01/1999
2a	Plan sponsor's name and address;	include room or suite numbe	er (employer, if f	or a single-en	nplover plan)	+	Employer Identification Number
BRO	OKHAVEN INSTRUMENTS	CORP	·· (,,		F - 2 - F - 7	1	(EIN) 11-2591433
ORI	•					2c	Sponsor's telephone number
75(BLUE POINT RD.						781-897-1216
			_			1	Business code (see instructions)
		Y 11742-183			·		334500
3a BR0	Plan administrator's name and add	iress (if same as plan sponso CORP	or, enter "Same")		1	Administrator's EIN 11-259 14 33
) BLUE POINT RD.					3с	Administrator's telephone number
	LTSVILLE N If the name and/or EIN of the plan	IY 11742-1832	the last return/re	nort filed for	this plan, enter the	4b	781-897-1216
4	name, EIN, and the plan number f		the last returning	sport med for	this plan, enter the	40	
а	Sponsor's name	<u> </u>				4c	PN
5a	Total number of participants at the	e beginning of the plan year			***************************************	5a	25
þ	Total number of participants at the	e end of the plan year		••••••		5b	0
С	Number of participants with accou					. 5c	0
6a	Were all of the plan's assets during	ng the plan year invested in e	eligible assets? (See instruction	ons.)		X Yes No
b	Are you claiming a waiver of the a	annual examination and repo	rt of an independ	dent qualified	public accountant (IC	PA)	X Yes ∏ No
	under 29 CFR 2520.104-46? (See If you answered "No" to either (
Pa	rt III Financial Information		36 1 01111 <u>9566-</u> 6	and must	<u></u>		· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year
a	Total plan assets	*****************************	7a	, , , , ,	8022	11	
b	Total plan liabilities		7b			0	
С	Net plan assets (subtract line 7b f	from line 7a)	7c		8022	11	
8	Income, Expenses, and Transfers	for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable						
	(1) Employers				2.4	<u> </u>	
	(2) Participants			<u>. </u>		26	
	(3) Others (including rollovers)			_		-0	
þ	Other income (loss)				346	61	20005
C	Total income (add lines 8a(1), 8a(38087
d	Benefits paid (including direct rolls to provide benefits)						
e	Certain deemed and/or corrective	distributions (see instruction	s) 8e			_	
f	Administrative service providers (salaries, fees, commissions)	8f			5	
g	Other expenses		8g				<u>.</u>
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	8h				
i	Net income (loss) (subtract line 8)	h from line 8c)	8i				38082
i	Transfers to (from) the plan (see i	instructions)	Ri		-8402	93	

Dane	2	_	
-aue	_	-	

Form 5500-SF 2011

HERE

Signature of employer/plan sponsor

Part IV Plan Characteristics	S
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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

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

art	V Compl	ance Questions									
0	During the pla					Yes	No	i	Amo	unt	
	Was there a f	ailure to transmit to the plan any participant contributions within the tir .3-102? (See instructions and DOL's Voluntary Fiduciary Correction			10a		Х		7		
b		y nonexempt transactions with any party-in-interest? (Do not include		•	10b		Х				
C	Was the plan	covered by a fidelity bond?			10c		Х	ļ			
d		ave a loss, whether or not reimbursed by the plan's fidelity bond, that			10d		Х				
е	insurance ser	s or commissions paid to any brokers, agents, or other persons by an vice or other organization that provides some or all of the benefits und	der the	plan? (See	10e		Х				·
f	Has the plan	ailed to provide any benefit when due under the plan?		······································	10f		X				
g	Did the plan h	ave any participant loans? (If "Yes," enter amount as of year end.)			10g		Х	_			
h		dividual account plan, was there a blackout period? (See instructions			10h	X			-		
İ		swered "Yes," check the box if you either provided the required notice providing the notice applied under 29 CFR 2520.101-3			10i	Х					
art	VI Pensio	n Funding Compliance									
11		ed benefit plan subject to minimum funding requirements? (If "Yes," s							🔲	Yes	No
12	Is this a defin	ed contribution plan subject to the minimum funding requirements of	section	1 412 of the Code	or se	ction 3	302 of	ERISA?.	. 🛮	Yes	X No
	If a waiver of granting the w	blete 12a or 12b, 12c, 12d, and 12e below, as applicable.) he minimum funding standard for a prior year is being amortized in the raiver. I line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550)		Mon	th	and e	nter th Day	ne date of	f the let Year	ter ruli	ng ——
		· ····· · · · · · · · · · · · · · · ·	vj, anc	i skip to line 13.							
	Enter the min	mum required contribution for this plan year				[12b				
					••••••		12b 12c				
С	Enter the amo	mum required contribution for this plan year	a mini	us sign to the left	of a						
c d	Enter the amo Subtract the a negative amo	mum required contribution for this plan year ount contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter	a mini	us sign to the left	of a		12c 12d	Yes		4o [] N/A
c d	Enter the amo Subtract the a negative amo Will the minim	mum required contribution for this plan year ount contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter unt)	a mini	us sign to the left	of a		12c 12d			No [] N/A
c d e Part	Enter the amo Subtract the a negative amo Will the minim	mum required contribution for this plan year	a minu	us sign to the left	of a		12c 12d	Yes X		40] N/A
c d e Part	Subtract the and subtract the and negative amo Will the minim VII Plan Has a resolution	mum required contribution for this plan year bunt contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter unt) um funding amount reported on line 12d be met by the funding deadle	a minu	us sign to the left	of a		12c 12d			No [] N/A
e Part 13a b	Subtract the amo Subtract the a negative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC."	mum required contribution for this plan year	a minuline?	us sign to the left	of a	3a the co	12d		No	No Yes	N/A
e Part 13a b	Subtract the amo Subtract the a negative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC If during this	mum required contribution for this plan year unt contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter unt) um funding amount reported on line 12d be met by the funding deadle Terminations and Transfers of Assets on to terminate the plan been adopted in any plan year? the amount of any plan assets that reverted to the employer this yeal lan assets distributed to participants or beneficiaries, transferred to a	a minuline?	us sign to the left	of a	3a the co	12c 12d	Yes X	No X	Yes	No
c d e Part 13a b c	Subtract the and subtract the and negative amought will the minim vii Plan. Has a resolution if "Yes," enter where all the pof the PBGC of the PBGC if during this which assets ac(1) Name of	mum required contribution for this plan year	a minuline?	us sign to the left	of a	3a the co	12c 12d	Yes X	No X	Yes 13c(3)	No PN(s)
c d e Part 13a b c	Subtract the ame Subtract the an egative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC If during this which assets	mum required contribution for this plan year	a minuline?	us sign to the left	of a	3a the co	12c 12d	Yes X	No X	Yes	No PN(s)
c d eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	Enter the amo Subtract the a negative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC If during this which assets 3c(1) Name of NOVA 401 (mum required contribution for this plan year	a minu	us sign to the left	of a	3a the conn(s) to	12c 12d	Yes X IN(s) 1831	No X	Yes 13c(3)	No PN(s)
c d e Part 13a b c Caut UndessBook	Enter the amo Subtract the a negative amo Will the minim VII Plan Has a resolution If "Yes," enter of the PBGC" If during this which assets 13c(1) Name of NOVA 401 (ion: A penalty or penalties of procession of the MBC of Schedule MBC and the subtract of the penalty or penalties of procession of the penalty or penal	mum required contribution for this plan year	line? nother	us sign to the left plan, or brought plan(s), identify the series of t	of a under he pla	the constant and the co	12c 12d	Yes X IN(s) 1831 Ilished.	No X	Yes 13c(3) 00	No No PN(s)
e Part 13a b c Caut Under SB obelie	Enter the amo Subtract the an egative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC' If during this which assets 3c(1) Name of NOVA 401 (ion: A penalty or penalties of processing in Schedule MB f, it is true, corrections	mum required contribution for this plan year	line? nother	us sign to the left plan, or brought plan(s), identify the series of t	of a under he pla ble cau urn/re /report	the conn(s) to	12c 12d	Yes X IN(s) 1831 Ilished.	No X	Yes 13c(3) 00	No No PN(s)
c d eePart 13a b c Caut	Enter the amo Subtract the a negative amo Will the minim VII Plan Has a resolution If "Yes," enter Were all the pof the PBGC If during this which assets I3c(1) Name of NOVA 401 (Inc.) A penalty or penalties of proceedings of the penalties of th	mum required contribution for this plan year	line? nother	plan, or brought plan(s), identify t	of a under he pla ble cau urn/rej /report	the connection of the connecti	12c 12d pontrol c(2) E -232 estab	Yes X IN(s) 1831 Iished. Ing, if appliates of means and the second se	No X	Yes 13c(3) 00 a Sche	No No PN(s)
c d e Part 13a b c Caul Unde SB o belie	Enter the amo Subtract the a negative amo Will the minim VII Plan Has a resolution of the PBGC of the	mum required contribution for this plan year	line? nother	us sign to the left plan, or brought plan(s), identify the second becamined this return. JANET BARB	of a 1 under he pla ble cau urn/rej/report	the conn(s) to	12c 12d pontrol c(2) E -232 estab	Yes X IN(s) 1831 Iished. Ing, if appliates of means and the second se	No X	Yes 13c(3) 00 a Sche	No PN(s)

Date 10 4 12

Enter name of individual signing as employer or plan sponsor