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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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:
- [ ] 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, including room or suite number (Employer, if for single-employer plan)

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.	01/28/2013	DAVID GOLDMAN
	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
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**	162
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**	151
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	165
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
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**	152
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 3H

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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).. . . . . ☐ 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

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(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 59 60 62 63 72	RECORD KEEPER	4328	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 [ ]

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)

(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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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: INVESCO STABLE VALUE RET CL 4

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
27-3868124-001	C	2993406

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)

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5842	65032
(2) Participant contributions	1b(2)	33582	20792
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18	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)	110461	118440
(9) Value of interest in common/collective trusts	1c(9)	3402054	3087999
(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)	8478562	9049035
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	740456	571195

		(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	12770975	12912511
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	12770975	12912511

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)	226694	
(B) Participants	2a(1)(B)	897106	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1123800
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)	4440	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4440
(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)	198490	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		198490
(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)		47591
(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)		-179964
c Other income	2c		-245244
d Total income. Add all **income** amounts in column (b) and enter total	2d		949113
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	784455	
(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)		784455
f Corrective distributions (see instructions)	2f		17225
g Certain deemed distributions of participant loans (see instructions)	2g		2104
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)	3793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3793
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		807577
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		141536
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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): 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 (include any prior year accumulated funding deficiency not waived) 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 or other authority 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. 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): _____

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

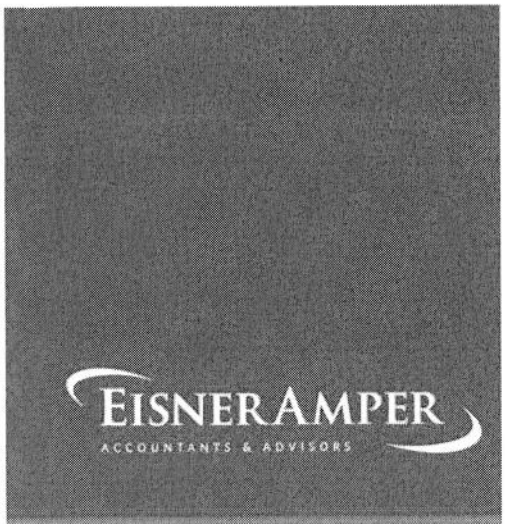
18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding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

JUNE 30, 2012 and 2011
(with supplementary schedule)

ORBIT INTERNATIONAL CORP. SAVINGS PLAN

Contents

	Page
Financial Statements	
Independent auditors' report	1
Statements of net assets available for plan benefits as of June 30, 2012 and 2011	2
Statement of changes in net assets available for plan benefits for the year ended June 30, 2012	3
Notes to financial statements	4
Supplementary Schedule	
Schedule H, Line 4(i) - schedule of assets (held at end of year) as of June 30, 2012	12

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ACCOUNTANTS & ADVISORS

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INDEPENDENT AUDITORS' REPORT

To the Orbit International Corp. Savings Plan and Participants

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Orbit International Corp. Savings Plan (the "Plan") as of June 30, 2012 and 2011, and the related statement of changes in net assets available for plan benefits for the year ended June 30, 2012, and the supplemental schedule of assets (held at end of year) as of June 30, 2012. The financial statements and supplemental schedule are the responsibility of the Plan's management.

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 us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, 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 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 June 30, 2012 and 2011 and for the year ended June 30, 2012, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 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
January 23, 2013

ORBIT INTERNATIONAL CORP. SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

	June 30, 2012	June 30, 2011
ASSETS		
Investments, at fair value:		
Common collective trust	**$ 3,087,999**	$ 3,402,054
Domestic and international mutual funds	**9,049,035**	8,478,562
Self-directed accounts	**571,195**	740,456
Total investments	**12,708,229**	12,621,072
Notes receivable from participants	**118,458**	110,480
Receivables:		
Participant contributions	**20,792**	33,582
Employer contributions	**65,032**	5,842
Net assets available for Plan benefits, at fair value for fully benefit responsive investment contracts	**12,912,511**	12,770,976
Adjustment from fair value to contract value for fully benefit responsive investment contracts	**(94,592)**	(51,597)
Net assets available for benefits	**$ 12,817,919**	$ 12,719,379

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, 2012

Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (468,204)
Interest and dividend income	246,081
Interest on participant loans	4,440
	(217,683)
Contributions:	
Employer	226,694
Employee	897,106
	1,123,800
Benefits paid to participants	(803,784)
Administrative expenses	(3,793)
	(807,577)
Net increase	98,540
Net assets available for benefits, beginning of year	12,719,379
Net assets available for benefits, end of year	$ 12,817,919

See accompanying notes to financial statements

NOTE A - DESCRIPTION OF THE PLAN

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.

[1] 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 1974 ("ERISA").

[2] 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.

[3] Contributions:

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code ("IRC") limitations. 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. For the year ended June 30, 2012, the Company approved a discretionary contribution in the amount $60,812, which is recorded in the employer contribution receivable line in the Statements of Net Assets Available for Plan Benefits.

[4] 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 trustee of the Plan (the "Trustee"), 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, participants are also given the option of (i) placing a portion or all of their assets into a self-directed account whereby the participant is responsible for all investment decisions or (ii) investing in a common collective trust.

Participants are provided with a report each quarter from the investment manager disclosing the performance of the various fund categories. Additionally, participants may change their contribution percentage to the Plan quarterly (i.e. January 1, April 1, July 1 and October 1).

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] 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.

[6] 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.

[7] Payment of benefits:

Upon termination of service due to death, disability, attaining the age of 59½ 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.

[8] Forfeitures:

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. There were no forfeitures available at June 30, 2012 and 2011. For the years ended June 30, 2012 and 2011, respectively, the Company utilized $7,929 and $14,768 of forfeitures to either offset Company contributions, pay for administrative expenses or allocated to participants accounts in accordance with the Plan Document.

[9] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest, which approximates fair value. Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range up to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator, ranging from 3.25% to 5.00%. Principal and interest are paid ratably through payroll deductions.

[10] Administrative expenses:

Certain expenses of administrating the Plan are paid directly by the Plan. The aggregate amounts of such expenses were $3,793 for the year ended June 30, 2012.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] 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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[1] Basis of accounting: (continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for Plan benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for Plan benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for Plan benefits is prepared on a contract value basis.

[2] Payments of benefits:

Benefits are recorded when paid.

[3] 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.

[4] Subsequent events:

The Plan has evaluated material subsequent events through January 23, 2013, the date these financial statements were available to be issued.

[5] Fully benefit-responsive investment contracts:

As described in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for Plan benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invested in investment contracts through a common collective trust fund. As required by the FASB, the statements of net assets available for Plan benefits presents the fair value of the investment in the collective trust fund as well as the adjustment of the fully benefit-responsive collective trust fund from fair value to contract value as of June 30, 2012 and June 30, 2011.

[6] Valuation of investments and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be recorded to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair values are based on quoted prices as of the date of the financial statements. The common collective trusts are valued at the net asset value of shares held by the Plan at year end. Notes receivable from participants are valued at their outstanding balances, which approximates fair value.

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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[6] Valuation of investments and income recognition: (continued)

On October 6, 2010, Bank of America, N.A., the trustee of the Retirement Preservation Trust (the "Trust"), resolved to terminate the Trust and commence liquidation of its assets. On January 1, 2011, the assets were liquidated and the proceeds representing the value held in the Trust in the amount of $2,596,401 was invested by the Trustee in a new common collective trust investment, the Invesco Stable Value Retirement Fund.

[7] Mutual fund expenses:

Management fees and operating expenses charged to the Plan for investments in the mutual funds and common collective trusts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Bank of America, N.A., the Trustee of the Plan, has certified the completeness and accuracy of all investments and related investment activity and notes receivable from participants in the accompanying statements of net assets available for Plan benefits as of June 30, 2012 and 2011, the statement of changes in net assets available for Plan benefits for the year ended June 30, 2012, and the accompanying supplemental schedule of assets (held at end of year) as of June 30, 2012.

NOTE D - INVESTMENTS

The Plan's investments which exceeded 5% of net assets available for plan benefits as of June 30, 2012 and 2011 are as follows:

	2012	2011
Invesco Stable Value Retirement Fund	**$ 3,087,999**	$ 3,402,054
Pimco Total Return Funds CL A	**1,861,893**	1,314,120
Invesco Van Kampen Growth & Inc FD CL A	**1,136,482**	829,007
Mass Invest Growth Stk FD CL A	**1,054,489**	43,936
American Century Gov BD Fd Adv CL	**1,016,734**	996,536
Blackrock Equity Dividend Inv A	**955,065**	725,251
Blackrock Capital Appreciation A	**941,223**	544,864
Mainstay ICAP Intl FD CL R2		788,793
MFS Research Intl FD CL A		789,686
Invesco Mid Cap Core equity Fund A		901,127

For the year ended June 30, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	2012
Mutual funds	$ (275,239)
Self-directed accounts	(192,965)
	$ (468,204)

NOTE E - FAIR VALUE OF FINANCIAL INSTRUMENTS

As required by the Fair Value Measurements and Disclosure Topic of the FASB ASC, 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, 2012 and 2011.

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.

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.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuations techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE E - FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for Plan benefits. For the year ended June 30, 2012, there were no significant transfers in or out of Levels 1, 2 or 3.

In January 2010, the FASB issued amended guidance on fair value measurements. The Plan has adopted the amended provisions that are effective for interim and annual reporting periods beginning after December 15, 2009 regarding disclosures of significant transfers in and out of Level 1 and Level 2 assets and description of the reasons for the transfers. Additional disclosures that are effective for fiscal years beginning after December 15, 2010 regarding reporting purchases, sales, issuances, and settlements for Level 3 assets on a gross basis did not have a significant impact on the Plan's financial statements.

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, 2012:

	Investment Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Large-Cap Funds	$ 4,301,995			$ 4,301,995
Multi-Cap Funds	272,493			272,493
International Funds	929,138			929,138
Intermediate Inv Fund	1,861,893			1,861,893
Government Funds	1,016,734			1,016,734
Small Cap Funds	302,873			302,873
Emerging Mrkts Fund	349,935			349,935
High Yield Funds	13,974			13,974
Total mutual funds	9,049,035	$ 0	$ 0	9,049,035
Common collective trusts		3,087,999		3,087,999
Self-directed accounts	571,195			571,195
Total investments at fair value	$ 9,620,230	$ 3,087,999	$ 0	$ 12,708,229

NOTE E - 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, 2011:

	Investment Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual Funds:				
Large-Cap Funds	$ 2,869,229			$ 2,869,229
Multi-Cap Funds	901,127			901,127
International Funds	1,578,476			1,578,476
Intermediate Inv Fund	1,314,120			1,314,120
Government Funds	996,536			996,536
Small Cap Funds	556,196			556,196
Emerging Mrkts Fund	238,857			238,857
Mid Cap Funds	21,738			21,738
High Yield Funds	2,283			2,283
Total mutual funds	8,478,562	$ 0	$ 0	8,478,562
Common collective trusts		3,402,054		3,402,054
Self-directed accounts	740,456			740,456
Total investments at fair value	$ 9,219,018	$ 3,402,054	$ 0	$ 12,621,072

NOTE F - 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to June 30, 2009.

NOTE G - 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 H - 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, 2012 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE I - 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 of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. These shares were held in 2010 and liquidated during the 2011 Plan year (See Note B). During the years ended June 30, 2012 and 2011, 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, 2012 and 2011 was 21,564.

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for Plan benefits as of June 30, 2012 per the financial statements to the Form 5500:

Net assets available for Plan benefits per the financial statements	**$ 12,817,919**
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	**94,592**
Net assets available for Plan benefits per the 5500	**$ 12,912,511**
Net increase in net assets per the financial statements	**$ 98,540**
Adjustment from contract available for Plan benefits value to fair value for fully benefit-responsive investment contracts	**42,995**
Net increase in net assets per the 5500	**$ 141,535**

The following is a reconciliation of net assets available for Plan benefits as of June 30, 2011 per the financial statements to the Form 5500:

Net assets available for Plan benefits per the financial statements	$ 12,719,379
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	51,597
Net assets available for Plan benefits per the 5500	$ 12,770,976

SUPPLEMENTARY SCHEDULE

ORBIT INTERNATIONAL CORP. SAVINGS PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
June 30, 2012

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:			
*	Invesco Stable Value Retirement Fund	Common Collective Trust	2,993,406	$ 3,087,999
	Mutual Funds:			
	MFS GROWTH FD CL A	Registered Investment Company	1,034	46,913
	INVESCO SMALL CAP EQUITY FD A	Registered Investment Company	19,307	245,579
	AMERICAN GROWTH FD OF AMER R3	Registered Investment Company	2,137	66,367
	AMERICAN CENTURY GOV BD FD ADV CL	Registered Investment Company	87,725	1,016,734
	INVESCO VAN KAMPEN GROWTH & INC FD CL A	Registered Investment Company	57,311	1,136,482
	MAINSTAY ICAP INTL FD CL R2	Registered Investment Company	17,111	455,834
	BLACKROCK CAPITAL APPRECIATION A	Registered Investment Company	42,094	941,223
	BLACKROCK EQUITY DIVIDEND INV A	Registered Investment Company	49,537	955,065
	PIMCO TOTAL RETURN FUND CL A	Registered Investment Company	164,769	1,861,893
	INVESCO DEVELOPING MRKTS CLASS A	Registered Investment Company	11,481	349,935
	MFS RESEARCH INTL FD CL A	Registered Investment Company	34,397	473,305
	PUTNAM HIGH YIELD ADVANTAGE FD	Registered Investment Company	2,357	13,974
	INVESCO MID CAP CORE EQTY FD A	Registered Investment Company	12,465	272,493
	EATON VANCE LG-CAP VALUE FD A	Registered Investment Company	5,517	101,456
	LORD ABBETT DEVELOPING GROWTH FD CL A	Registered Investment Company	2,671	57,294
	MASS INVEST GROWTH STK FD CL A	Registered Investment Company	63,562	1,054,488
	Other Assets:			
*	Self-directed accounts	Self-Directed Brokerage Investment		571,195
	Loans:			
	Notes receivable from Participants	Loans with interest rates at 3.25% to 5.00%		118,458
	Investment total			$ 12,826,687

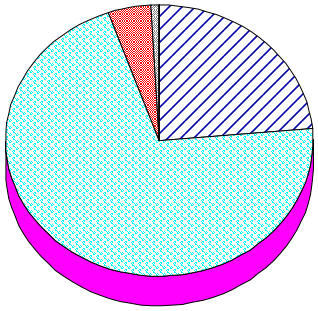
* Party-in-interest

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2011 - 06/30/2012

**ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION**

ALLOCATION OF PLAN ASSETS



- 23.54% COMMON / COLLECTIVE TRUSTS
- 4.49% OTHER ASSETS
- 0.00% PENDING SETTLEMENT FUNDS
- 71.16% MUTUAL FUNDS
- 0.93% LOANS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE RET CL 4	2,607,542.8300	1.000	2,607,542.83	2,607,542.83	20.51%
INVESCO STABLE VAL RET GM CL 4	385,863.6268	1.000	385,863.65	385,863.63	3.03%
TOTAL COMMON / COLLECTIVE TRUSTS			**2,993,406.48**	**2,993,406.46**	**23.54%**
MUTUAL FUNDS					
INVESCO SMALL CAP EQUITY FD A	2,851.7621	12.720	25,396.60	36,274.41	0.29%
INVESCO SMALL CAP EQUITY FD A	16,454.7705	12.720	203,367.45	209,304.68	1.65%
AMERICAN GROWTH FD OF AMER R3	2,136.6890	31.060	59,785.75	66,365.56	0.52%
AMERICAN GRTH FD OF AMER R3 GM	0.0411	31.060	0.91	1.28	0.00%
AMERICAN CENT GOV BD FD CL A	3,796.3834	11.590	42,558.02	44,000.08	0.35%
AMERICAN CENT GOV BD GM CL A	83,928.6952	11.590	941,375.21	972,733.58	7.65%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2011 - 06/30/2012

**ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION**

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESCO VAN KAMPEN GROWTH A	7,646.4263	19.830	132,322.98	151,628.63	1.19%
INVESCO VAN KAMPEN GRWTH GM A	49,664.8420	19.830	906,991.54	984,853.82	7.74%
MAINSTAY ICAP INTL FD CL R2	3,498.9856	26.640	88,051.11	93,212.98	0.73%
MAINSTAY ICAP INTL FD CL R2 GM	13,611.8982	26.640	343,357.26	362,620.97	2.85%
BLACKROCK CAPITAL APPRC CL A	404.5018	22.360	7,305.14	9,044.66	0.07%
BLACKROCK CAPITAL APP GM CL A	41,689.5362	22.360	812,452.65	932,178.03	7.33%
MFS GROWTH FUND CL A	1,033.5534	45.390	36,781.21	46,912.99	0.37%
BLACKROCK EQ DIVIDEND A	2,690.0450	19.280	49,064.62	51,864.07	0.41%
BLACKROCK EQ DIVIDEND A GM	46,846.5093	19.280	852,424.85	903,200.70	7.10%
PIMCO TOTAL RETURN FUND CL A	15,753.9545	11.300	168,777.05	178,019.69	1.40%
PIMCO TOT RET FD CL A GM	149,015.3387	11.300	1,611,657.81	1,683,873.33	13.24%
INVESCO DEVELOPING MRKTS FD A	5,305.2861	30.480	152,549.47	161,705.12	1.27%
INVESCO DEVELOPING MRKTS FD A	6,175.5137	30.480	180,147.50	188,229.66	1.48%
MFS RESEARCH INTL FD CL A	7,502.7403	13.760	115,214.80	103,237.71	0.81%
MFS RESEARCH INTL FD CL A-GM	26,894.3676	13.760	390,436.77	370,066.50	2.91%
PUTNAM HIGH YIELD ADV FD	2,356.6341	5.930	13,796.68	13,974.84	0.11%
INVESCO MID CAP CORE EQTY FD A	3,095.2843	21.860	70,782.90	67,662.91	0.53%
INVESCO MID CAP CORE EQTY FD A	9,370.0663	21.860	209,878.08	204,829.65	1.61%
EATON VANCE LG-CAP VALUE FD A	5,516.9336	18.390	96,796.06	101,456.41	0.80%
LORD ABBETT DEV GROWTH FD CL A	2,671.0189	21.450	59,588.66	57,293.36	0.45%
LORD ABBETT DEV GRW CL A GM	0.0441	21.450	1.00	0.95	0.00%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 07/01/2011 - 06/30/2012

**ORBIT INTERNATIONAL CORP.
SAVINGS PLAN
CONSOLIDATION**

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
MASS INVEST GROWTH STK FD CL A	3,074.7331	16.590	38,591.40	51,009.82	0.40%
MASS INV GRTH STK FD CL A GM	60,486.9804	16.590	939,363.91	1,003,479.00	7.89%
TOTAL MUTUAL FUNDS			**8,548,817.39**	**9,049,035.39**	**71.16%**
OTHER ASSETS					
SELF-DIRECT ACCT	571,194.7600	1.000	571,194.76	571,194.76	4.49%
LOANS					
LOAN FUND	118,354.4100	1.000	118,354.41	118,354.41	0.93%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	50.0000	1.000	50.00	50.00	0.00%
INVESTMENT TOTAL			**12,231,823.04**	**12,732,041.02**	**100.12%**
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			18.19	18.19	0.00%
CASH			(15,562.04)	(15,562.04)	-0.12%
TOTAL ASSETS			**12,216,279.19**	**12,716,497.17**	**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