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

2012

This Form is Open to Public Inspection

			Complete all entries in act	ccordance	with the instruc	tions to the Form 550	10-5F.			
	rt I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012		and ending	12/31/2	2012		
A	This ret	urn/report is for:	X a single-employer plan	a mult	tiple-employer pla	an (not multiemployer)		a one-partici	pant plan	
В	This ret	urn/report is:	the first return/report	the fin	al return/report					
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths))		
C	Check b	oox if filing under:	Form 5558	autom	atic extension			DFVC progra	am	
			special extension (enter descri	ription)						
Pa	rt II	Basic Plan Info	rmation—enter all requested inf	formation						
1a	Name o	of plan					1b	Three-digit		
ASTR	A TOO	L 401(K)/PROFIT SHA	ARING PLAN					plan number	001	
							10	(PN) Feffective date of		
							10		/2008	
2a	Plan sp	oonsor's name and add	dress; include room or suite numbe	er (employe	er, if for a single-	employer plan)	2b	Employer Identi	fication Number	
ASTR	RA TOO	L & INSTRUMENT MA	ANUFACTURING CORP.	` ' '		, , ,	(EIN) 11-1657140			
							2c	Sponsor's telep		
		URST AVE						914-74		
HAVV	IHORN	NE, NY 10532-1141					2d		(see instructions)	
20	Diaman	desiminate de la como en	d address Moses as Black Court	N	Donne ee Blee	Constant Address	2h	33270		
sa	Plan ac	aministrator's name an	nd address XSame as Plan Spons	sor Name	Same as Plan	Sponsor Address	30	Administrator's	EIN	
							3с	Administrator's	telephone number	
	16.41	I/ EDI (4)			/ / / / /	41. 1	41			
4			e plan sponsor has changed since mber from the last return/report.	the last reti	urn/report filed to	r this plan, enter the	4b	EIN		
а		or's name	nor nom the fact retain, report.				4c	PN		
5a	Total n	number of participants	at the beginning of the plan year				5a		26	
b	Total n	number of participants	at the end of the plan year				5b		28	
С	Numbe	er of participants with a	account balances as of the end of	the plan ye	ar (defined bene	fit plans do not				
	comple	ete this item)					5c		7	
		•	during the plan year invested in e	-	,	•			X Yes No	
b			the annual examination and repor						X Yes No	
			? (See instructions on waiver eligib ther line 6a or line 6b, the plan c						M 100 100	
Cau			or incomplete filing of this return							
			ner penalties set forth in the instruc						able, a Schedule	
SB	or Sche	dule MB completed an	nd signed by an enrolled actuary, a							
belie	ef, it is t	rue, correct, and comp	olete.							
SIGI	N	Filed with authorized/\	valid electronic signature.	05	5/30/2013	GREG UNMANN				
HER		Signature of plan administrator Date Enter name of individu				lual sic	ning as plan adr	ministrator		
SIG	N		valid electronic signature.		5/30/2013	GREG UNMANN		<i>y</i>		
HER		Signature of employ	ver/plan sponsor	Di	ate	Enter name of individ	lual sid	ning as employe	er or plan sponsor	
Prep	arer's i						_		number (optional)	

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		_
	Total plan assets	7a		63187			(5) =1.	<u>u 0. 1.</u>	5420	5	
	Total plan liabilities	7b							0.20		
	Net plan assets (subtract line 7b from line 7a)	7c	6318	37			54205			5	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(10)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	533	34							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	627	' 4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11608	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1962	22							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	96	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2059	0	
	Net income (loss) (subtract line 8h from line 8c)	8i							-898	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	٠,									_
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
.	, , , , , , , , , , , , , , , , , , ,										_
Part	•				.,		I				
10	During the plan year:	dana and dat	and an effect of the state of the	ı	Yes	No		Amo	ount		_
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					2500)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-	X					0.4	
	instructions.)			10e		X				34	ΕĪ
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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 of a negative amount)	12d		
е	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

5500-SF Electronic Filing Authorization

Plan Name: Astra Tool 401(k)/Profit Sharing Plan

EIN/PN:

11-1657140/001

Plan Year: 01/01/2012 - 12/31/2012

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

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

Plan Administrator	Plan Sponsor
(sign)	(sign)
(date)	(date)

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**

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report □ DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Astra Tool 401(k)/Profit Sharing Plan (PN) ▶ 001 1c Effective date of plan 01/01/2008 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Astra Tool & Instrument Manufacturing Corp. (EIN) 11-1657140 2c Sponsor's telephone number (914) 747-3863 369 Bradhurst Ave Business code (see instructions) 332700 Hawthorne NY 10532-1141 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 26 5a Total number of participants at the end of the plan year 5_b 28 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 7 complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) XYes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Greg Unmann SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date Greg Unmann SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pa	rt III Financial Information		,							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year			
a	Total plan assets	7a	63,18	37	54,205			54,205		
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	63,18	37		54,205				
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			tal		
	Contributions received or receivable from: (1) Employers	8a(1)			Au Grand Salasan	South and South South South South South				
	(2) Participants	8a(2)	5,33	34	4/14/2 H					
	(3) Others (including rollovers)	8a(3)		•						
b	Other income (loss)	8b	6,27	74						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	19,62	22	11,608					
	Certain deemed and/or corrective distributions (see instructions)	8e			3512713					
	Administrative service providers (salaries, fees, commissions)	8f	96	8						
	Other expenses	8g					er er er er			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						20,590		
	Net income (loss) (subtract line 8h from line 8c)	8i	Judge Emilie de Che esté sizone de conserva	St.				(8,982)		
_	Transfers to (from) the plan (see instructions)	8j			direction.					
	rt IV Plan Characteristics				1011071007	2.00 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -				
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Charact	eristi	c Code	e in f	he instruction	ne.		
	2F 2G 2J 3D	catare ood	ics from the fist of Fran Onaraci	CHOC	o oou	III (ine motractic	5113.		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	in th	e instructior	ns:		
	rt V Compliance Questions						T .			
10	During the plan year:	A			Yes	No	Α	mount		
a ——	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
<u>C</u>	Was the plan covered by a fidelity bond?			10c	х			25,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of									
	instructions.)			10e	х			341		
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		x				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i						
Par			***************************************	1.01	L					
11										
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
	11a Enter the amount from Schedule SB line 39									
12	in the second of									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver	************	Mor	tions, nth	and e		he date of ti	he letter ruling Year		
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year		······································		Т	12b				

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<u> </u>	Enter the amount contributed by the employer to the plan for this plan	ı year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign to t	he left of a	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the			🗀	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	?	***************************************	☐ Y	es X N	Vo
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ansferred to another plan, or br	ought under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), ide	ntify the plan(s) to)		
1	3c(1) Name of plan(s):		130	(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					<u> </u>
14a I	lame of trust			14b T	rust's EIN	
		•				