Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Complete all entries in accordance with the instructions to the Form 5500-SF.									
		dentification Information								
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009				
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В -	This return/report is for: first return/report final return/report									
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
C	C Check box if filing under: Form 5558 automatic extension					DFVC program				
		special extension (enter description	on)							
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation							
1a	Name of plan				1b	Three-digit				
BUST	TER HOLDING COMPANY 401	(K) P/S PLAN				plan number				
					4 -	(PN) 🕨				
					1C	Effective date of plan 08/27/2008				
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number				
	BUSTER HOLDING COMPANY					(EIN) 26-3359283				
						2c Plan sponsor's telephone number				
1521 #106	ALTON RD.				24	305-951-1112 Business code (see instructions)				
MIAN	II BEACH, FL 33139				Zu	531110				
		address (if same as Plan sponsor, e		∍")	3b	Administrator's EIN				
BUS	TER HOLDING COMPANY	1521 ALTON #106 MIAMI BEAC			30	26-3359283				
		30	Administrator's telephone number 305-951-1112							
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
1	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN				
5a	Total number of participants a	t the beginning of the plan year			5a	3				
b	Total number of participants a	5b	3							
С	·	vear (defined benefit plans do not	38							
					5c	2				
				(See instructions.)		X Yes 📗 No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
				SF and must instead use Form 55						
Pa	rt III Financial Inform									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	1897	7	5381				
b	Total plan liabilities			()	0				
С	Net plan assets (subtract line	7b from line 7a)	. 7с	1897	7	5381				
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or rece									
	` , ' ,			(-					
				2679						
	, ,	i)	1	(
b	,			805	5					
C		8a(2), 8a(3), and 8b)	. 8c			3484				
d		rollovers and insurance premiums	8d							
е		tive distributions (see instructions)		()					
f	Administrative service provide	rs (salaries, fees, commissions)	8f	(
g	Other expenses		. 8g	()					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				0				
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			3484				
j	Transfers to (from) the plan (se	ee instructions)	. 8i							

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Par	t IV	Plan Characteristics						
9a b	If the 2E	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2F 2G 2J 2K 2S 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha						
ar	t V	Compliance Questions						
0	Duri	ng the plan year:		Yes	No	А	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1 0a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c	X				10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?			Х			
е	insu				X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Χ			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					Yes	No
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of I	ERISA?	Yes	X No
	`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	a 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 letter ruling granting the waiver							
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	405			
b		r the minimum required contribution for this plan year			12b			
C		r the amount contributed by the employer to the plan for this plan year			12c			
d		amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a unit)						
		l · · · · · · · · · · · · · · · · · · ·				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						_
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	× No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
	of th	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	the pla	ın(s) to	1		1	
	13c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3) F	PN(s)
							1	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/28/2010	DAVID HUGHES	
HERE	Signature of plan administrator	Date Enter name of individual signing as plan adm		
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	