

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan R. E. SCHAUB ENTERPRISES INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 004
		1c Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) R. E. SCHAUB ENTERPRISES, INC. 4740 TALON COURT SE SUITE 4 GRAND RAPIDS, MI 49512	2b Employer Identification Number (EIN) 38-3333795 2c Sponsor's telephone number 616-871-0040 2d Business code (see instructions) 332510

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.	08/24/2010	MARCIA SCHAUB
	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")

R. E. SCHAUB ENTERPRISES, INC.

4740 TALON COURT SE
SUITE 4
GRAND RAPIDS, MI 49512**3b** Administrator's EIN

38-3333795

3c Administrator's telephone number

616-871-0040

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**

10

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**

12

b Retired or separated participants receiving benefits.....**6b****c** Other retired or separated participants entitled to future benefits.....**6c****d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

12

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e****f** Total. Add lines **6d** and **6e**.....**6f**

12

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h****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 2G 2J 2K

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) ☐

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) ☐

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) ☐**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) ☐**H** (Financial Information)(2) ☒**I** (Financial Information – Small Plan)(3) ☒**A** (Insurance Information)(4) ☐**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

A Name of plan

R. E. SCHAUB ENTERPRISES INC. 401(K) PROFIT SHARING

B Three-digit

plan number ►

004

C Plan sponsor's name as shown on line 2a of Form 5500

R. E. SCHAUB ENTERPRISES, INC.

D Employer Identification Number

38-3333795

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be
reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4-50995	12	01/01/2007	12/31/2007

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
1355	949

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Schedule A (Form 5500) 2007



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

STEVEN M HANDELAND
2851 CHARLEVOIX SE
GRAND RAPIDS

MI

49546

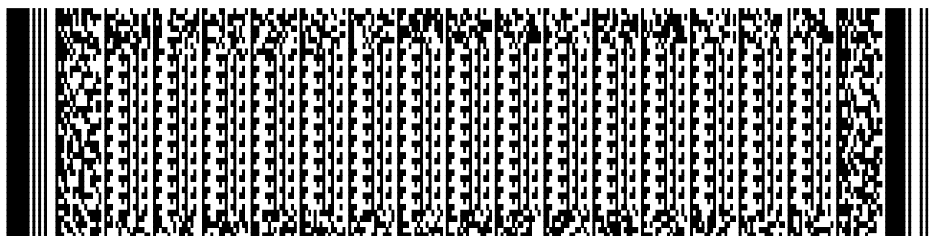
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
1355	949	REFERRAL/SERVICE FEES	3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

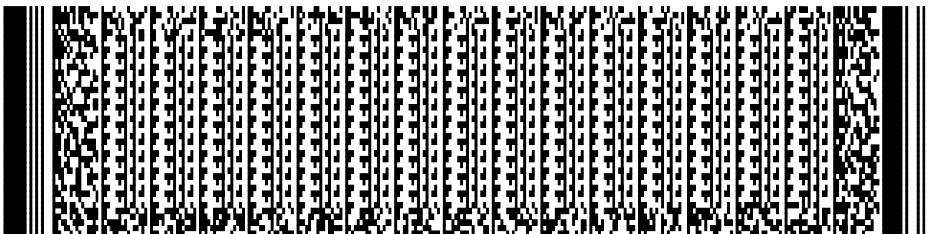
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	492294
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier.	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	
	Specify nature of costs ▶	
e	Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity	
	(3) ☐ other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee	
	(3) ☐ guaranteed investment (4) ☐ other (specify below)	
b	Balance at the end of the previous year	
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits.	
	(3) Interest credited during the year.	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	▶	
	(6) Total additions	
d	Total of balance and additions (add b and c(6))	
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year.	
	(2) Administration charge made by carrier.	
	(3) Transferred to separate account.	
	(4) Other (specify below)	
	▶	
	(5) Total deductions	
f	Balance at the end of the current year (subtract e(5) from d)	



**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.**

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning 01/01/2007, and ending 12/31/2007,

A Name of plan or DFE <u>R. E. SCHAUB ENTERPRISES INC. 401(K) PROFIT SHARING</u>	B Three-digit plan number ► <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>R. E. SCHAUB ENTERPRISES, INC.</u>	D Employer Identification Number <u>38-3333795</u>

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL SM CO BLEND SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-029</u> (d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>9305</u>	
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL MED CO BLND SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-020</u> (d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>201</u>	
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL US PROPERTY SEPACT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-027</u> (d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>53597</u>	
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL BOND AND MTG SEP ACCT</u>	
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	
(c) EIN-PN <u>42-0127290-005</u> (d) Entity code <u>P</u> (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>56116</u>	

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(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRINCIPAL DIVERS INTL SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-015</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>95757</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRIN LG CP STK IDX SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-016</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>48942</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRIN SM CAP STK IDX SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-028</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>20944</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRIN PTR LG-CAP GR II SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-067</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>31392</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRIN PTR LG-CAP VALUE SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-068</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>44858</u>
<hr/>		
(a) Name of MTIA, CCT, PSA, or 103-12IE <u>PRIN PTR SM-CP GR II SEP ACCT</u>		
(b) Name of sponsor of entity listed in (a) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
(c) EIN-PN <u>42-0127290-071</u>	(d) Entity code <u>P</u>	(e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) <u>837</u>



(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2010 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-075 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 118954

(a) Name of MTIA, CCT, PSA, or 103-12IE PRINCIPAL LIFETM 2040 SEP ACCT

(b) Name of sponsor of entity listed in (a) PRINCIPAL LIFE INSURANCE COMPANY

(c) EIN-PN 42-0127290-078 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12IE at end of year (see instructions) 11392

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(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 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(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 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(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 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(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 103-12IE at end of year (see instructions) _____



**SCHEDULE I
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small Plan

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.**

Official Use Only

OMB No. 1210-0110

2007**This Form is Open to
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

A Name of plan R. E. SCHAUB ENTERPRISES INC. 401(K) PROFIT SHARING	B Three-digit plan number ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 R. E. SCHAUB ENTERPRISES, INC.	D Employer Identification Number 38-3333795

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial InformationReport below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	388172	500203
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	388172	500203

2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable			
(1) Employers	2a(1)	27005	
(2) Participants	2a(2)	62601	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	22425	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		112031
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Other expenses	2h		
i Total expenses (add lines 2e, 2f, 2g, and 2h)	2i		0
j Net income (loss) (subtract line 2i from line 2d)	2j		112031
k Transfers to (from) the plan (see instructions)	2k		

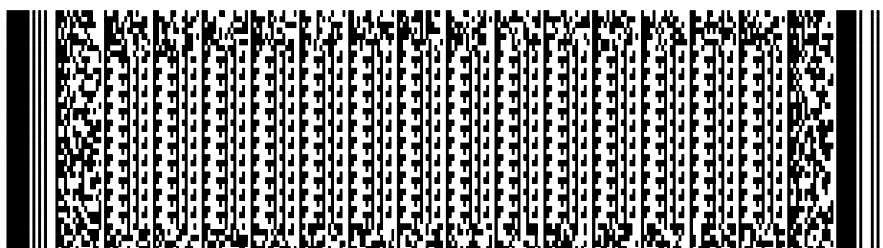
3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a	X	
b Employer real property	3b	X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Schedule I (Form 5500) 2007



	Yes	No	Amount
3c Real estate (other than employer real property)	3c	X	
d Employer securities	3d	X	
e Participant loans	3e	X	
f Loans (other than to participants)	3f	X	
g Tangible personal property	3g	X	

Part II Transactions During Plan Year

	Yes	No	Amount
4 During the plan year:			
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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 the participant's account balance	4b	X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	X	
e Was the plan covered by a fidelity bond?	4e	X	20000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X	

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)



Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

File With IRS Only

► For Paperwork Reduction Act Notice, see instructions on back.

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

R. E. Schaub Enterprises, Inc.

Number, street, and room or suite no. (If a P.O. box, see instructions.)

4740 Talon Court S.E.

City or town, state and ZIP code

Grand Rapids

MI

49512

B Filer's identifying number (see instructions).

☒ Employer identification number (EIN).

38-3333795

☐ Social security number (SSN)

C Plan name

Plan
number

Plan year ending--

MM

DD

YYYY

1 R. E. Schaub Enterprises, Inc. Retirement Pla

0 0 3

12

31

2007

2 R. E. SCHAUB ENTERPRISES INC. 401(k) PROFIT S

0 0 4

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2007

3

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until **10 / 15 / 2008** to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more the 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

May 17, 2008

Notice to
Applicant

To Be Completed by the IRS if Part III is completed ▼

☐ This application for extension to file Form 5330 IS approved to the date shown on line 2.
(You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

☐ The date entered on line 2 is more than the 6-month maximum time allowed for Form 5330. This application is approved to _____ (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

☐ The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.)

☐ This application for an extension for Form 5330 is not approved, because

☐ The application was not signed.

☐ No reason was given on this application or the reason was not acceptable.

☐ No payment was attached for the tax due on Form 5330.

☐ Other ►

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later.
(You must attach a copy of this form to each return you file that is granted a grace period.)

(Date)

(Director)

By: _____

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Print
or
Type

Name

Number, street, and room or suite no. (If a P.O. box, see instructions.)

City or town, state, and ZIP code

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of 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 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.

Official Use Only
OMB Nos. 1210-0110
1210-0089**2007**This Form is Open to
Public Inspection.**Annual Report Identification Information**

For the calendar plan year 2007 or fiscal plan year beginning 01/01/2007, and ending 12/31/2007,

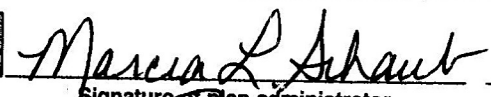
- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). ☒

Basic Plan Information — enter all requested information.

1a Name of plan R. E. SCHAUB ENTERPRISES INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 004 1c Effective date of plan (mo., day, yr.) 01/01/2004
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) R. E. SCHAUB ENTERPRISES, INC. 4740 TALON COURT S.E. SUITE 4 GRAND RAPIDS MI 49512	2b Employer Identification Number (EIN) 38-3333795 2c Sponsor's telephone number 616-871-0040 2d Business code (see instructions) 332510

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

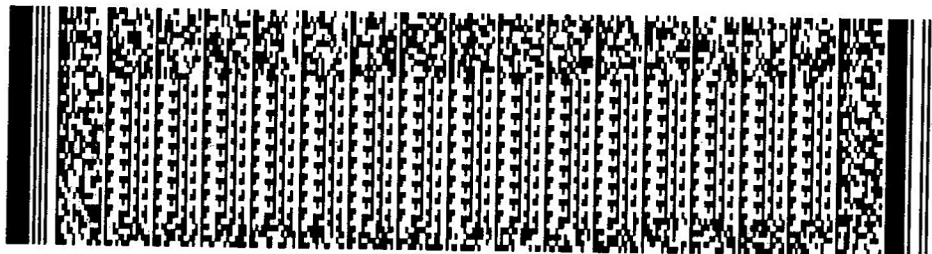
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of plan administrator	8/19/08 Date	Marcia L. Schaub Type or print name of individual signing as plan administrator
 Signature of employer/plan sponsor/DFE	8-19-08 Date	Robert E. Schaub Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Form 5500 (2007)



U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
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4740 Talon Court SE, Ste 4	
Grand Rapids, MI 49512	
One piece of ordinary mail addressed to:	
EBSA	
P.O. Box 7043	
Lawrence, KS 66044-7043	

PS Form 3817, January 2001



001514

BOD CD-TE

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 05-10-2010
TAXPAYER IDENT. NUM: 38-3333795
FORM: 5500 PLAN #: 004
PLAN YEAR ENDING: 12-31-2007

R E SCHAUB ENTERPRISES INC
4740 TALON COURT SE
GRAND RAPIDS MI 49512-5462994



014067

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form
Employer Identification
Number (EIN) 38-3333795
Plan Year Ending 2007

Date filed with EBSA and Acknowledgement Plan Number
number: 8/28/2008 Plan Number 004

Section II

Not Required to file

Please check the box that applies to you, a form was not filed
because:

- ☐ Plan in question is a Savings Incentive Match Plan for
Employees of Small Employers (SIMPLE) that involves
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☐ Plan was terminated or merged into a new plan. You must
still file a "Final" return showing zero end-of-year assets,
zero participants, and mark "the final return filed for
the plan" box in part 1 of the form.
- ☐ Other: _____

Section III

Reason for not filing on time

Explain why you did not file on time: