## 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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	)	and ending	12/31/2	2009		
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:						
		short plar	year return/report (less than 12 m	onths)			
C			extension	,	DFVC program		
	special extension (enter description		, exteriorer		_ 51 vo program		
De							
	art II   Basic Plan Information—enter all requested information	ition		1h	Three-digit		
	Name of plan BEYER & SONS PROFIT SHARING			15	plan number		
					(PN) • 002		
				1c	Effective date of plan		
				01	01/01/1999		
	Plan sponsor's name and address (employer, if for single-employer page 4 SONS	plan)		26	Employer Identification Number (EIN) 14-1631146		
DILL	BETER & SONS			2c	Plan sponsor's telephone number		
	ME MILL ROAD				845-724-3201		
LAGI	RANGEVILLE, NY 12540			2d	Business code (see instructions)		
32	Dian administrator's name and address (if some as Dian ananors on	tor "Come	, 11\	2h	236110 Administrator's EIN		
	Plan administrator's name and address (if same as Plan sponsor, en BEYER & SONS 42 LIME MILL		<del>?</del> )	35	14-1631146		
	LAGRANGEV	ILLE, NY	12540	3с	Administrator's telephone number		
					845-724-3201		
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN		
	name, 2m, and the plan namber nem the fact return/report. Opensor	o namo		4c	PN		
5a	Total number of participants at the beginning of the plan year				4		
b	<b>b</b> Total number of participants at the end of the plan year						
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						
	complete this item)			. 5c	4		
-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
D	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.)						
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	2268	1	234465		
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7с	2268	1	234465		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	0.40					
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)					
<b>L</b>	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	774	14	77.44		
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			7744		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		90			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			90		
i	Net income (loss) (subtract line 8h from line 8c)	8i			7654		
j	Transfers to (from) the plan (see instructions)	8j					
		<b>~</b> ,					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 3E

D I	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Plan Chara	cteris	iic Coo	ies in	tne instructi	ons:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а					10a		X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				40000
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per curance service or other organization that provides some or all of the cructions.)	e benefits under the	plan? (See	10e	X				90
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X			_
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q	Χ				16819
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements:							Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	<b>a</b> 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									
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	skip to line 13.		Г		I		
	Enter the minimum required contribution for this plan year									
	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)									
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Part \		Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		г		ı	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran							Yes	X No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai					
13	3c(1	) Name of plan(s):				<b>13c(2)</b> EIN(s)			13c(3	<b>)</b> PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	, F	iled with authorized/valid electronic signature.	09/27/2010	BILL BEYER						
	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						_			

Date

Enter name of individual signing as employer or plan sponsor

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

OMB Nos. 1210-0110 1210-0089

2009

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,	ant I Annual Report Identification Information						
For	For calendar plan year 2009 or fiscal plan year beginning and ending						
Α	This return/report is for: X single-employer plan	multiple-employer plan (not multiemployer) one-participant plan					
В	This return/report is for: first return/report	final ret					
	an amended return/report	short old	an year return/report (less than 12 m	oeiths)			
С	Check box if filing under: X Form 5558	=			DFVC program		
U		_	tic extension	Ľ	DEVOSrogram		
	special extension (enter description	n)					
	Basic Plan Information—enter all requested information	ation		4			
18	Name of plan				Three-digit		
	DEVED A COMO PROSIT CUARMO				plan number		
BIL	L BEYER & SONS PROFIT SHARING				(PN) ▶  002		
				10	Effective date of plan 1/1/1999		
22	Plan sponsor's name and address (employer, if for single-employe	r nlan)	•	2b	Employer Identification Number		
_	Than spondor o hamo and address (amployer, in lor single employe	, pion,			(EIN) 14-1631146		
BIL	L BEYER & SONS				Plan sponsor's telephone number		
					724-3201		
42	IME MILL ROAD			2d	Business code (see instructions)		
LAC	GRANGEVILLE NY 12540			2361	10		
	Plan administrator's name and address (if same as Plan sponsor,	enter "San	ne")	3b	Administrator's EIN		
ŞAI	<i>M</i> E						
		A CONTRACTOR OF THE PROPERTY O		3c	Administrator's telephone number		
_		<del>- 46 - 4</del>	*	45-	<u> </u>		
	If the name and/or EIN of the plan sponsor has changed since the la: name, EIN, and the plan number from the last return/report. Sponsor			4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponsor	's name ™	•	4c	DNI .		
	Total number of participants at the beginning of the plan year.			5a	4		
		<b>70</b>		5b	· •		
	Total number of participants at the end of the plan year			OD.			
•	Total number of participants with account balances as of the end o complete this item)	the plan	year (defined benefit plans do not	5c	1		
oa t	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a				X Yes No		
	under 29 CFR 2520.104-46? (See instructions of waiver eligibility	an indeper and condit	ons.)	-A)	X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo						
Pan III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a	Total plan assets	. 7a	226,81	1	234,465		
b	age and a second	. 7b					
	Net plan assets (subtract line 7b from line 🕭)	. 7c	226,81	1	234,465		
8	Income, Expenses, and Transfers or this Plan Year		(a) Amount		(b) Total		
2	Contributions received or receive ble from:			1			
	(1) Employers	8a(1)					
	(2) Participants	8a(2)			ara a na Pari da Pari da Cara d		
	(3) Others (including follovers)	. 8a(3)		7			
b		8b	7,74	4			
C		8c	nen en de propinsion de la company de la		7,744		
d	Benefits paid (including direct rollovers and insurance premiums				protein carrowers of address and force		
	to provide benefits)	8d			n kirka alaman sarati kanatan kecamatan da		
e		8e		7			
f	Administrative service providers (salaries, fees, commissions)	. 8f	96	o	i vyšesti pri i popierenji povikasa kaza i prija.		
g	Other expenses	. 8g		1			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Contraction of the contraction of the con-		90		
i	Net income (loss) (subtract line 8h from line 8c)	8i	A Secretary and a second process of the		7,654		
i	Transfers to (from) the plan (see instructions)	. 8j					

Page	2-	

Part IV				
A 40 KIND OF THE RESERVE	D1	Chara	4	-4!
- C . C . 23 7 . 3310	Pian	Char	actor	erice

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E, 3B, 3E b If the pla

D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racte	ristic (	oces	in the ins	tructions:	
?	nt V Compliance Questions						
0	During the plan year:		Yes	No	<b>A</b>	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	4	X <sup>®</sup>		•	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		**X			
С	Was the plan covered by a fidelity bond?	10c	X	***	<b>&gt;</b>		40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X				90
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	.10g	Х				16,819
h	If this is an individual account plan, was there a blackout period? (See instructions and 23220.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice of one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Pa	r VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements (If "Yes," see instructions and co 5500))	mple	te Sch	nedule	SB (Forr	n Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver						uling —
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MS (Form 5500), and skip to line 1  Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12t. Enter the result (enter a minus sign to the le		. $ extstyle  ag{}$			· · ·	
-	negative amount)			12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
ą	t 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?		<u></u>			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 brough of the PBGC?  If during this plan year any assets of labilities were transferred from this plan to another plan(s), identify	t und	er the	contro	ol .	Yes	X No
С	If during this plan year, any assess or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the p	lan(s)	to			
1	3c(1) Name of plage):		13	c(2) El	N(s)	13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasons	ible c	ause	is est	ablished		
Вο	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this many of the set of th	eturn/ rn/rep	report ort, ar	, included to the	ding, if ap ne best o	oplicable, a Sc f my knowledg	hedule je and

belief, it is true, correct, and complete		
SIGN 1 1 Wing Go Len	7/27/18	BILL BEYER
HERE Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
sian Wallen Can Fairer	7/27/10	BILL BEYER
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor