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).

0000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance witl	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identi							
For	calendar plan year 2009 or fiscal plan	n year beginning 01/01/20	09	and ending 1	2/31/2	2009		
Α.	This return/report is for:	ngle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
	· —	st return/report	final retur	n/report		_		
	an	amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	orm 5558	automatio	extension		DFVC progra	am	
	spe	ecial extension (enter descript	ion)					
Pa	rt II Basic Plan Information	on—enter all requested inforr	nation					
1a	Name of plan				1b	Three-digit		
BEH	INC. PENSION PLAN					plan number	001	
					4 -	(PN) •		
					1C	Effective date of 01/01/2	•	
2a	Plan sponsor's name and address (e	emplover. if for single-emplove	r plan)		2b	Employer Identi		nber
BEH			, ,			(EIN) 56-238	4097	
70.0	21 22 11 21 22 22 22 22 22 22 22 22 22 2				2c	Plan sponsor's		umber
	OLONIAL AVENUE BS FERRY, NY 10522				2d	914-67 Business code		tions)
					24	541990		10113)
	Plan administrator's name and addre				3b	Administrator's		
BEH	INC.	72 COLONI DOBBS FE			30	56-238 Administrator's		umbor
					30	914-67		unbei
	f the name and/or EIN of the plan spo			port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from	n the last return/report. Spons	or's name		4c	PN		
5a	Total number of participants at the b	peginning of the plan year			5a	T		2
b	Total number of participants at the e				5b			2
C	Total number of participants with ac	• •			30			
	complete this item)				5c			
	Were all of the plan's assets during						X Yes	No
b	Are you claiming a waiver of the ani			ndent qualified public accountant (IQI ions.)			X Yes	No
	•	• .		SF and must instead use Form 55			□	□
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	322046	5	(3) =113		354606
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from	m line 7a)	7с	322046	6		3	354606
8	Income, Expenses, and Transfers for	or this Plan Year		(a) Amount		(b) ⁻	Γotal	
а	Contributions received or receivable							
	(1) Employers				4			
	(2) Participants				_			
L	(3) Others (including rollovers)			00500	_			
b	Other income (loss)			32560)			00500
C	Total income (add lines 8a(1), 8a(2)		8c					32560
d	Benefits paid (including direct rollove to provide benefits)	•	<u>8d</u>					
е	Certain deemed and/or corrective di		8e					
f	Administrative service providers (sa	laries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f	f, and 8g)						0
i	Net income (loss) (subtract line 8h f	rom line 8c)	8i					32560
j	Transfers to (from) the plan (see ins	structions)	8i					

Dort IV	Diam	Charas	teristics
Part IV	Plan	Charac	TATISTICS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3D 3H

SIGN HERE

Signature of employer/plan sponsor

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

,	ıı u	e plan provides wellare benefits, enter the applicable wellare realt	uic codes nom me	LIST OF FRANCISCO	CIGIISI	000	uco III l	no manuono	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No	Δ.	mount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)		•	10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X			50	000
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under th	e plan? (See	10e		Х			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of	10g		Χ					
h	If t	nis is an individual account plan, was there a blackout period? (See	e instructions and 2	29 CFR	10h					
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or o	ne of the	10i					
Part	VI	Pension Funding Compliance								
11	ls t 550	nis a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see ins	structions and com	plete	Schec	lule SB	(Form	X Yes	No
12		his a defined contribution plan subject to the minimum funding req							Yes X	No
	(If '	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а		waiver of the minimum funding standard for a prior year is being a								
If v		nting the waivercomplete lines 3, 9, and 10 of Schedule Mb			th		Day ₋	\	/ear	_
_						Γ	12b			
		er the minimum required contribution for this plan year					12c			
		er the amount contributed by the employer to the plan for this plan stract the amount in line 12c from the amount in line 12b. Enter the	•				-			
	ne	ative amount)				-	12d	7,, 5	1	
		the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No N	I/A
Part '	VII	Plan Terminations and Transfers of Assets								
3a	На	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	ar?					Yes X	No
		es," enter the amount of any plan assets that reverted to the empl					13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tra							Yes X	No
С		uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify th	ne plai	n(s) to)		i	
1:	3c(′) Name of plan(s):				13	c(2) Ell	N(s)	13c(3) PN	(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonabl	P C31	so is	ostabli	ishad	<u> </u>	
Unde SB or	r pe Sc	nalties of perjury and other penalties set forth in the instructions, I can be set with a set with the instructions of the set with the instructions of the set with the set w	declare that I have	examined this retu	ırn/rep	ort, ir	ncluding	g, if applicab		
2101		iled with authorized/valid electronic signature.	10/11/2010	CAROL GILSON						
SIGN	Т	Signature of plan administrator	Data	Enter name of in	divid	اما منم	ning oo	nlan admin	introtor	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

	colorados plan com 2000 on finad plan com training 04/04/0000		0000 0. 000		10/04/	2000
	calendar plan year 2009 or fiscal plan year beginning 01/01/2009			and end	ing 12/31/2	2009
) I	Round off amounts to nearest dollar.					
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report u	ınless reaso	nable cause	is establishe	ed.	
A N	lame of plan		В	Three-dig	ıit	
BEH	INC. PENSION PLAN			plan num	•	▶ 001
				pian num	Dei (i iv)	,
<u> </u>	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	Idontification	n Number (EIN)
	INC.			Lilipioyei	luerillicatio	ir Number (EIN)
DEII	TIVO.		5	6-2384097		
						_
Ет	ype of plan: 🛛 Single 📗 Multiple-A 📗 Multiple-B 📗 📙 F	Prior year pla	ın size: 🔀 10	00 or fewer	101-500	More than 500
Do	urt I Basic Information					
Fa						
1	Enter the valuation date: Month 01 Day 01	Year <u>2</u>	2009			
2	Assets:					
	a Market value				2a	322046
	b Actuarial value				2b	337465
3	Funding target/participant count breakdown		(1) Numl	ber of partici	nants	(2) Funding Target
·		3a	(1) Nulli	ber of parties	0	(2) I dilding ranget
	a For retired participants and beneficiaries receiving payment				0	
	b For terminated vested participants	3b			U	0
	C For active participants:					
	(1) Non-vested benefits	3c(1)				123838
	(2) Vested benefits	3c(2)				185756
	(3) Total active	3c(3)			2	309594
	d Total	3d			2	309594
_		l	П		_	
4	If the plan is at-risk, check the box and complete items (a) and (b)	•••••				
	a Funding target disregarding prescribed at-risk assumptions				4a	
	b Funding target reflecting at-risk assumptions, but disregarding trans	ition rule for	r plans that h	nave been	4b	
	at-risk for fewer than five consecutive years and disregarding loading	ng factor			40	
5	Effective interest rate				5	6.57 %
6	Target normal cost				6	0
State	ement by Enrolled Actuary					
Т	To the best of my knowledge, the information supplied in this schedule and accompanying schedule					
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	e (taking into ad	ccount the experi	ience of the plan	and reasonable	e expectations) and such other assumptions, in
_	IGN					
Н	ERE			-		
	Signature of actuary					Date
RALF	PH GARFIELD, PH.D., ASA, EA					08-01219
	Type or print name of actuary				Most rec	ent enrollment number
SAM	** **				WOSt 160	732-446-9526
OAW						
DO 1	Firm name			Te	elephone nu	ımber (including area code)
	BOX 24 LISHTOWN, NJ 07726					
	A dance of the finns					
	Address of the firm					
If the	actuary has not fully reflected any regulation or ruling promulgated under	the statute i	in completing	g this schedu	le, check th	e box and see
	ictions					Ш

Page	2-	1	
aye			

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,						(a)	Carryover balance		(b)	Prefundi	ng balance
7		-	•		icable adjustments (Item 13				0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11					d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							0
					e rate of%							0
					year to add to prefunding bala							0
	d Porti	on of (c)	to be added to p	refunding I	palance							
12					eemed elections							
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			0
	art III		ding percenta	-					<u> </u>			
14			<u> </u>								14	109.00 %
15					ge						15	109.00 %
16					s of determining whether car							
	current year's funding requirement											
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
P	art IV	Con	tributions an	d liquid	ity shortfalls							
18	Contribu	tions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N	(a) Date		(b) Amount p		(c) Amount paid by	(a) [(b) Amount pa	-	(-	nt paid by
(IV	IM-DD-YY	11)	employer	(8)	employees	(MM-DD	7-1111)	employer(8)		empi	oyees
						Totals ▶	18(b)		0	18(c)		0
10	Diagous	ad amn	lavar aantributian		structions for small plan with		` ,	ha haginaing of the		10(0)		
19			-		nimum required contribution				19a			0
	-				djusted to valuation date			l l	19b			0
					·			F	19c			0
20					juired contribution for current y	rear aujustet	i to valuatio	irdate	190			0
20			outions and liquidit	-	s. the prior year?						Г	Yes X No
		•	•		stallments for the current year							;
				•	•		uniely mar	IIIEI :				Yes No
	⊌ ii ∠ua	is res,	see instructions	anu comp	lete the following table as ap Liquidity shortfall as of e		er of this old	an vear				
		(1) 1s	st		(2) 2nd	or square	(3)	3rd			(4) 4th	1

Pa	rt V Assumption	ns used to determine f	unding target and ta	rget no	rmal cost				
21	Discount rate:								
	a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %		3rd segment 6.69 %		N/A, full yie	d curve	used
	b Applicable month	(enter code)				. 21b			0
22	Weighted average ret	irement age				. 22			65
23	Mortality table(s) (see	e instructions)	scribed - combined	Prescri	bed - separate	Substitut	te		
Pa	rt VI Miscellane	ous items							
24	Has a change been m	nade in the non-prescribed acti	•	•			· · ·		V Na
25		. h					<u> </u>	Yes	No No
		been made for the current pla						Yes	No No
		provide a Schedule of Active				attachment	<u>P</u>	Yes	No
27		or (and is using) alternative fun	•			. 27			
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribu	tions fo	r prior years				
28	Unpaid minimum requ	uired contribution for all prior ye	ears			. 28			0
29	' '	contributions allocated toward			' '	29			0
30	' '	unpaid minimum required con				30			0
_		required contribution f		,		ı			
31		djusted, if applicable (see instr				. 31			0
	Amortization installme				Outstanding Bal	1 -	Instal	ment	
-		ization installment				0			0
	_	n installment		-		0			0
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling lett	ter grantin		33			
34	• •	nent before reflecting carryove	. • • • •			. 34			0
			Carryover balance		Prefunding bala	ince	Total b	alance	
35	Balances used to offs	et funding requirement							0
36	Additional cash requir	rement (item 34 minus item 35))			36			0
37		d toward minimum required co	,	,		37			0
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)			. 38			0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	36 over ite	m 37)	. 39			0
40	Unpaid minimum requ	uired contribution for all years.				. 40			0

F@m 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

EIN-56-2384097 /- PN-001 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

Libert man		101100 1111	the instructions to the Form 5500-	
	art 1 Annual Report Identification Information calendar plan year 2009 or fiscal plan year beginning 0	1/01/2	009 and ending	12/31/2009
-	This return/report is for: X single-employer plan		mployer plan (not multiemployer)	ne-participant plan
	This return/report is for:	final retur	• • • • • • • • • • • • • • • • • • • •	t t
	an amended return/report		year return/report (less than 12 mont	ns)
C	Check box if filing under: X Form 5558	•	extension	DFVC program
Ü	special extension (enter description			
P	art II Basic Plan Information—enter all requested informa			
	Name of plan			1b Three-digit
	BEH Inc. Pension Plan			plan number
			-	(PN) 001 1c Effective date of plan
			01/01/2005	
2a	Plan sponsor's name and address (employer, if for single-employer BEH Inc.	plan)		2b Employer Identification Number
	BEH INC.		<u> </u>	(EIN) 56-2384097
	72 Colonial Avenue			2c Plan sponsor's telephone number (914) 674-0117
	72 COlonial Avenue			2d Business code (see instructions)
	Dobbs Ferry		NY 10522	541990 3b Administrator's EIN
зa	$\underset{\text{Same}}{\text{Plan}}$ administrator's name and address (if same as Plan sponsor, e.g.,	nter "Same	•)	3D Administrator's EIN
				3c Administrator's telephone number
	If the name and/or EIN of the plan sponsor has changed since the las	at ration/ra	next filed for this plan enter the	Ab Fix
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b EIN
				4c PN
	Total number of participants at the beginning of the plan year		<u> </u>	5a 2
b			├ -	5b 2
С	Total number of participants with account balances as of the end of complete this item)			5c
6a	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	an indepe	ndent qualified public accountant (IQF	A)
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo			
Pá	art III Financial Information	31111 0000	or and made motoda add rorm doo	
7	Plan Assets and Liabilities	fe llavair el	(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	322,046	354,606
b	Total plan liabilities	7b		· · · · · · · · · · · · · · · · · · ·
C				
_	Net plan assets (subtract line 7b from line 7a)	7c	322,046	354,606
8	Income, Expenses, and Transfers for this Plan Year	7c	322, 046 (a) Amount	(b) Total
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Galante (144) va		
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)		(b) Total
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2)		(b) Total
-	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	(a) Amount	(b) Total
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2)		(b) Total
a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	(b) Total
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	(b) Total
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount	(b) Total
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	(a) Amount	(b) Total
a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount	(b) Total The second of the s
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount	(b) Total The property of the
a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount	(b) Total The second s

Form	5500-	SE	200

SIGN HERE

Signature of employer/plan sponsor

Page 2-	

Enter name of individual signing as employer or plan sponsor

	<u></u>	Form 5500-SF 2009			Pa	ige 2		_					
	t IV												
		plan provides pension benefits, enter the applicable pension fe	ature cod	les fr	om the	List of Plan Char	acteris	stic Co	des in	the instruc	tions	:	-
-		1A 1G 3D 3H											
b	If the	plan provides welfare benefits, enter the applicable welfare fe	ature code	es fro	om the l	ist of Plan Chara	ıcteris	tic Cod	des in t	he instruc	ions:		
													_
Parl	١V	Compliance Questions											
10	Duri	ng the plan year:						Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contribution											
_		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	-		_	•	10a		_X	-			
b		e there any nonexempt transactions with any party-in-interest? ne 10a.)					10b		х				
C	Was	the plan covered by a fidelity bond?					10c	х				Ē	50,000
đ		he plan have a loss, whether or not reimbursed by the plan's fi					10d		х				<u> </u>
е		e any fees or commissions paid to any brokers, agents, or othe											
Ĭ	insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)								х				
f	Has the plan failed to provide any benefit when due under the plan?								х				
~							10f						
g		he plan have any participant loans? (If "Yes," enter amount as					10g		X	F (a ab)		11,200	
h	2520	s is an individual account plan, was there a blackout period? (S 1.101-3.)					10h						
		n was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.101-					10i						
Part		Pension Funding Compliance											
11	Is this 5500	s a defined benefit plan subject to minimum funding requirement))	nts? (If "Y	es,"	see ins	tructions and com	plete	Sched	lule SB	(Form	X	Yes	∏No
12		is a defined contribution plan subject to the minimum funding re									$\neg \Box$	Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applica	-										_
а	If a w	aiver of the minimum funding standard for a prior year is being ing the waiver.	amortize	d in	this pla	n year, see instru	ctions th	, and e	enter th	e date of	he let Yea	tter ru	tling
lf y		empleted line 12a, complete lines 3, 9, and 10 of Schedule						_					
b	Enter	the minimum required contribution for this plan year							12b				
С	Enter	the amount contributed by the employer to the plan for this pla	an vear					Г	12c				
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter t	he result ((ente	r a min	us sign to the left	of a		12d				
е	Will ti	ne minimum funding amount reported on line 12d be met by the	e funding	dead	dline?				· [Yes	1	40	N/A
Part	1	Plan Terminations and Transfers of Assets	<u>_</u>										
											$\overline{}$		X No
ısa		a resolution to terminate the plan been adopted during the plan						Г				Yes	M 140
		s," enter the amount of any plan assets that reverted to the em							13a				
	of the	all the plan assets distributed to participants or beneficiaries, to PBGC?			•••••							Yes	X No
		ing this plan year, any assets or liabilities were transferred fror n assets or liabilities were transferred. (See instructions.)	n this plat	n to a	another	plan(s), identify t	he pla	n(s) to	1				
1	3c(1)	Name of plan(s):						13	c(2) El	N(s)		13c(3) PN(s)
									•		+		
Caut	ion: A	penalty for the late or incomplete filing of this return/repo	rt will bo	200	occod	ınlası rassanah	lo car	ico ic	actabl	ichad			
	•	lities of perjury and other penalties set forth in the instructions,									ahle	a Sci	nedule
SB o	Sche	dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete											
	7.5	$\rightarrow \alpha$				1.		<u>a</u>		~			
SIGI		Forthy & Tarriga	1019	L	10	KATITY	0	1/17	40	In			
HER	E S	ignature of plan-administrator	Date	,	,	Enter name of i	ndivid	ual sig	ning as	s plan adn	inistr	ator	

SCHÉDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee

OMB No. 1210-0110

2009

	of 1974 (ERI enue Code (th		ection 6059 of ti	ne		is Open to Public spection
Pension Benefit Guaranty Corporation File as an attachn	nent to Form	5500 or 8	5500-SF.	1	***	spection
	01/2009		and endir	<u>'</u> 1g	12/3	1/2009
Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reas	onable ca	use is establishe	d.		
A Name of plan			B Three-digi	t		
			plan numb	er (PN))	001
BEH Inc. Pension Plan				er en		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer lo	lentificati	on Number (F	
*			- Limployer is	JOI IIII OGL	on manibol (L	-113)
BEH Inc.			56-2384	097		
E Type of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: X	100 or fewer	101-50	0 More th	an 500
Part I Basic Information			·		<u></u>	
1 Enter the valuation date: Month 1 Day 1	Year	2009				
2 Assets:			<u> </u>			
a Market value			•••••	. 2a		322,046
b Actuarial value			***************************************	2b		337,465
3 Funding target/participant count breakdown		(1) Ni	umber of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		•	0		0
b For terminated vested participants	3b			0		0
c For active participants:						
(1) Non-vested benefits	3c(1)					123,838
(2) Vested benefits	3c(2)					185,756
(3) Total active	<u>3c(3)</u>			2		309,594
d Total	3d			2		309,594
4 If the plan is at-risk, check the box and complete items (a) and (b)	• • • • • • • • • • • • • • • • • • • •		_			
a Funding target disregarding prescribed at-risk assumptions			***************************************	. 4a		
b Funding target reflecting at-risk assumptions, but disregarding transactions at-risk for fewer than five consecutive years and disregarding load	nsition rule fo ding factor	r plans tha	at have been	4b		
5 Effective interest rate	***************************************			. 5		6.57 %
6 Target normal cost			•••••	. 6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying scheduce accordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan.	dules, statements able (taking into a	and attachme	ents, if any, is complet kperience of the plan a	e and accur and reasona	ate. Each prescrib ble expectations) a	ed assumption was applied in and such other assumptions, in
HERE Kappy Crewfull				9	27/20	lo
Signature of actuary			-	•	Date	
Ralph Garfield, Ph.D., ASA, EA					08-0123	19
Type or print name of actuary				Most re	cent enrollme	ent number
				(732)446-	9526
PO Box 24 Firm name			Tel	iephone r	number (inclu	ding area code)
	726-					
Address of the firm						
f the actuary has not fully reflected any regulation or ruling promulgated undenstructions	er the statute	in comple	ting this schedul	e, check	the box and s	ee

Page	2-	Г
rage	4-	ı

Pa	art II Begii	nning of year	carryove	er and prefunding bal	ances							
						(a) (Carryover balance		(b)	Prefund	ing balar	ıce
	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)										0	
8											0	
9								0				0
10	Interest on item	9 using prior year	's actual re	turn of%		<u>,</u>						
11									S			
	a Excess conf	ributions (Item 38	from prior y	/ear)							_	0
	b Interest on (a) using prior year	's effective	rate of%								0
	C Total availab	le at beginning of c	urrent plan	ear to add to prefunding bala	nce							0
	d Portion of (c) to be added to p	refunding b	alance					_			
12				emed elections		1	·					
13	Balance at begi	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			0				0
	1 45 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ding percent	-					· · · · · · · · · · · · · · · · · · ·				
14	Funding target a	attainment percen	tage							14	109.	.00 %
				je						15	109.	.00 %
16				of determining whether can						16	114.	.60 %
17	If the current va	lue of the assets of	of the plan i	s less than 70 percent of the	funding ta	arget, enter s	such percentage			17		%
P	art IV Cor	tributions an	d liquidi	tv shortfalls						•		
11.11 10,1111			•	ear by employer(s) and emp	lovees:							
	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount p	aid by	T (c) Amo	unt paid l	by
(M	IM-DD-YYYY)	employer	(s)	employees	(MM-D	D-YYYY)	employer	s)	_	emp	loyees	
	. <u></u>											
									ļ.			
	<u> </u>											
									<u> </u>			
					Totals >	18(b)			0 18(c)	<u> </u>		0
19	Discounted emp	loyer contribution	s - see ins	tructions for small plan with	a valuatior	n date after t	he beginning of th	e year:				
	a Contributions	allocated toward	unpaid min	imum required contribution f	rom prior y	/ears	,	19a				C
	_							19b				C
	b Contributions made to avoid restrictions adjusted to valuation date											
20		outions and liquidi							1944.	j. 35		
_•	-	•	-	· he prior year?							Yes	X No
				tallments for the current yea							Yes	No
	C If 20a is "Yes," see instructions and complete the following table as applicable:							a da S alada Magyal daga				
-		,	seb.	Liquidity shortfall as of er		ter of this pla	an year		<u> </u>			- : " - :
	(1) 1st (2) 2nd (3) 3rd (4) 4th											

Pa	rt V Assumptio	ns used to determine f	unding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5 . 3 2 %	2nd segment: 6.45 %	3rd segment: 6.69 %		N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22					22	65
	Mortality table(s) (se			scribed - separate	Substitut	e
Pa	rt VI Miscellane	ous items				····
		nade in the non-prescribed act	uarial assumptions for the current			
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	X Yes No
27			ding rules, enter applicable code		27	<u> </u>
Pa	- Table 1		m required contributions		•	
28	Unpaid minimum requ	uired contribution for all prior ye	ears		28	
29					29	C
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)				30	0
Pa	rt VIII Minimum	required contribution f	or current year		•	
			uctions)		31	
32	Amortization installme	ents:		Outstanding Bala	ince	Installment
	a Net shortfall amort	ization installment	***************************************		0	(
	b Waiver amortization	on installment	***************************************		0	
33			ter the date of the ruling letter gran		33	
34			er/prefunding balances (item 31 +		34	(
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement				
36	Additional cash requir	rement (item 34 minus item 35)		36	(
	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)			37	(
38	8 Interest-adjusted excess contributions for current year (see instructions)			38	(
	9 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39	(
	Unpaid minimum required contribution for all years				40	

LINE 26 SCHECULE OF ACTIVE PARTICIPANT DATA

YEARS OF CREDITED SERVICE

Attained <u>Age</u>	Under 1 <u>No.</u>	1 to 4 <u>No.</u>	5 to 9 <u>No.</u>	10 to 14 <u>No.</u>	15 to 19 <u>No.</u>
Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 70 & up			1		

YEARS OF CREDITED SERVICE

Attained <u>Age</u>	20 to 24 <u>No.</u>	25 to 29 <u>No.</u>	30 to 34 <u>No.</u>	35 to 39 <u>No.</u>	40 & up <u>No.</u>
Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69					
70 & up					