	Form 5500-SF	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service					2009			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Employee Benefits Security Administration						This Form is Open to Public			
Ρ	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information									
For	calendar plan year 2009 or fisca				12/31/2				
Α	This return/report is for:					one-participant plan			
B	This return/report is for:	first return/report	final retur	•					
		an amended return/report	short plan	n year return/report (less than 12 mo	onths)	_			
C	C Check box if filing under:								
		special extension (enter description							
		nation—enter all requested information	ation		46	~			
	Name of plan RGE J BEEMSTERBOER PENS				dr	Three-digit plan number			
OLU						(PN) ▶ 001			
					1c	Effective date of plan 01/01/1954			
	Plan sponsor's name and addre RGE J BEEMSTERBOER, INC	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 36-2241249			
	OX 280				2c	Plan sponsor's telephone number 773-785-6000			
SOUTH HOLLAND, IL 60473-0280						Business code (see instructions) 561730			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")						Administrator's EIN			
GEORGE J BEEMSTERBOER, INC PO BOX 280 SOUTH HOLLAND, IL 60473-0280					30	36-2241249			
					30	Administrator's telephone number 773-785-6000			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year				14			
b	Total number of participants at	the end of the plan year			5b	14			
C	· · ·	th account balances as of the end of			5c	14			
6a	1 /	uring the plan year invested in eligib				X Yes No			
b		e annual examination and report of a							
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 Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	118560	4	1259882			
b	Total plan liabilities	otal plan liabilities		0	0				
С	Net plan assets (subtract line 7	plan assets (subtract line 7b from line 7a)			604 125988				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei	vable from:	8a(1)	3340	6				
					0				
					0				
b				5964	-				
С		8a(2), 8a(3), and 8b)				93052			
d		ollovers and insurance premiums							
	, ,		8d	1877					
e		ive distributions (see instructions)			0				
t	•	s (salaries, fees, commissions)			0				
g h	•) - 0f 0 - \	Ŭ		0	40774			
h i		Se, 8f, and 8g)							
i		e 8h from line 8c) e instructions)			0	17210			
,			I ÖI	1	0				

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	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		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
е	 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.) 				668			
f	f Has the plan failed to provide any benefit when due under the plan?							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12								
	(If "Yes," 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								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b					33405			
С	Enter the amount contributed by the employer to the plan for this plan year			12c	33405			
d	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)							
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	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
 C 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.) 								
1	3c(1) Name of plan(s):		130	c(2) El	IN(s) 13c(3) PN(s)			
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.			

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.	10/16/2010	THEODORE G BEEMSTERBOER				
HERE	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				

George J. Beemsterboer, Inc

16807 S Park Ave

South Holland, IL 60473

Re: Form 5500-SF

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Authorization to Electronically Sign and File 5500

I hereby authorize any employee of Retirement Planning Services (Service Provider) to electronically sign and file 5500 forms on my behalf.

I further understand the following:

I must sign a paper copy of the completed 5500 form.

An image of my signature will be included with the rest of the Return/report posted by the Department of Labor or the internet For public disclosure.

I may revoke or change this authorization at any time by written Notification to Service Provider.

Dated 10/14/10 By: Theodore S. Brenner

Form 5500-SF Short	00-SF Short Form Annual Return/Report of Small Employ Benefit Plan							
Department of the Treasury Internal Roveruse Service This		he Emolovee	2009					
Department of Labor Retireme Employee Bonefits Security Administration	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).			This Form is Open to Public				
Pension Benefit Guaranty Corporation	e Form 5500 <u>-SF.</u>	Inspection						
Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
For calendar plan year 2009 or fiscal plan year		•		12/31/2009				
	H	ple-employer plan (not multie	mployer)	one-participant plan				
B This return/report is for:	·	retum/report						
L L	· 🖌	plan year return/report (less	than 12 months)					
C Check box if filing under.								
	xtension (enter description)							
Part II Basic Plan Information	enter all requested information		46	Then a diala				
1a Name of plan GEORGE J BEEMSTERBOER PEN	STON DLAN			Three-digit plan number				
GEORGE U BEENGTERBOER FER				(PN) • 001				
			1c	Effective date of plan 01/01/1954				
2a Plan sponsor's name and address (employ	ver, if for single-employer plan)		2b	Employer Identification Number				
GEORGE J BEEMSTERBOER, IN				(EIN) 36-2241249				
PO BOX 280			20	Plan sponsor's telephone number 773 - 785 - 6000				
			2d	Business code (see instructions)				
SOUTH HOLLAND IL	60473-0280			561730				
3a Plan administrator's name and address (if GEORGE J BEEMSTERBOER, IN	Same")	36	Administrator's EIN 36-2241249					
PO BOX 280	30	Administrator's telephone number						
SOUTH HOLLAND IL 4 If the name and/or EIN of the plan sponsor	60473-0280	m/mont filed for this plan	nter the Ah	<u>773-785-6000</u>				
name, EIN, and the plan number from the l				Ein				
				PN				
5a Total number of participants at the beginn			<u> </u>	14				
b Total number of participants at the end of				14				
C Total number of participants with account complete this item)				14				
6a Were all of the plan's assets during the p				X Yes 🛛 No				
b Are you claiming a waiver of the annual e under 29 CFR 2520.104-467 (See instruct								
If you answered "No" to either 6a or 61								
Part III Financial Information								
7 Ptan Assets and Liabilities		(a) Beginning	of Year	(b) End of Year				
a Total plan assets	<u>7</u> 6	a	1185604	1259882				
b Total plan liabilities			0	0				
C Net plan assets (subtract line 7b from line			1185604	1259882				
8 Income, Expenses, and Transfers for this		(a) Amour	nt 👘	(b) Total				
a Contributions received or receivable from (1) Employers		(1)	33406					
(2) Participants		(2)	0					
(3) Others (including rollovers)			0					
b Other income (loss)		b	59646					
C Total income (add lines 8a(1), 8a(2), 8a(3		c		93052				
d Benefits paid (including direct rollovers ar to provide benefits)	-	a	18774					
Certain deemed and/or corrective distribution			0					
f Administrative service providers (salaries			0					
g Other expenses			0					
h Total expenses (add lines 8d, 8e, 8f, and		1		18774				
i Net income (loss) (subtract line 8h from li		Bi		74278				
j Transfers to (from) the plan (see instruction	ons)8		0					

Form 5500-SF 2009

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Part IV Plan Characteristic	Part IV	Plan	Charac	teristic
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character stic Codes in the instructions: 9a 2C 3D

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

Part	V.	Compliance Questions						
10	Duti	ing the plan year:		Yes	No	A	nount	
	29	s three a laiture to transmit to the plan any participant contributions within the time (CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prog	102 (man)		x			
þ	Wei on [re there any nonexempt transactions with any party-In-Interest? (Do not include tran line 10a.)	nsactions reported		x			·
C		as the plan covered by a lidelity bond?			x			
đ	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that wa	s caused by fraud		X			
e	Wei insu inst	re any fees or commissions paid to any brokers, agents, or other persons by an ins arance service or other organization that provides some or all of the benefits under ructions.)	the plan? (See 10	x				668
f	Həs	s the plan failed to provide any benefit when due under the plan?	10		x			
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)			x			
ĥ	252	his is an Individual account plan, was there a blackout period? (See instructions and 20,101-3.)			x		-	
i	łf 10 8x¢	On was answered "Yes," check the bax if you either provided the required notice or replicing the notice applied under 29 CFR 2520,101-3	ane of the 10					
Part	VI	Pension Funding Compliance						
11	550	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see i				m-1011 .1.1.1.1.1.	Yes	the second se
12	is t	his a defined contribution plan subject to the minimum funding requirements of sec	tion 412 of the Code or s	ection .	10 502	ERISA?	X Yes	No
	ft a orau	Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this p nting the waiver.	,,	s, and e	enter th Day	e date of the	fetter ruß: car	ng
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500). =		Г	175		1	3405
		er the minimum required contribution for this plan year			120			3405
	Enti	er the amount contributed by the employer to the plan for this plan year		·····				
đ	пед	stract the amount in line 12c from the amount in line 12b. Enter the result (enter a mature)			12d			0
e	Will	i the minimum funding amount reported on line 12d bo met by the funding deadine	7			Ves	NO	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior y	oar?		*****		Yes	X No
	١ſ٦	res," enter the amount of any plan assots that reverted to the employer this year			13a			
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to anoth the PBGC?	ter plan, or brought und	r the c			Yes	X No
ĉ	ii di	uring this plan year, any assets or liabilities were transferred from this plan to anothing a set of the plan to anothing the set of						
1		I) Namo of plan(s):		13	c(2) E	N(s)	13c(3)	PN(s)
Card	lan:	A ponalty for the late or incomplete filing of this rotum/report will be assesse	d uniesa reasonabla c	use is	ostab	lished.		
							la a Saha	4.46

Under penalties of perjury anti-other penalties set forth in the instructions, I declare that I have examined this rotum/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. 1-.

SIGN	theodore by Banneterber	10/14/2010	THEODORE G BE EMSTERBOER
HERE	Signature of plan administrator	Date	Enter name of indivi tual signing as plan administrator
SIGN	Theodore & Deunstrator	10/14/2010	THEODORE G BESMSTERBOER
NERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor