Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	Part I Annual Report Identification Information									
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009				
Α-	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	This return/report is for:	first return/report	n/report							
	an amended return/report short plan year return/report (less than 12 mg									
_			•		11113)	П вемо				
C	Check box if filing under:	☐ Form 5558		extension		DFVC program				
		special extension (enter description	·							
Pa	rt II Basic Plan Infor	mation—enter all requested information	ation		•					
	Name of plan				1b	Three-digit				
GEO	RGE J BEEMSTERBOER PRO	OFIT SHARING PLAN				plan number				
					10	(PN) 002				
					10	Effective date of plan 03/31/1980				
	Plan snonsor's name and add	ress (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	RGE J BEEMSTERBOER, INC	,	piarij		20	(EIN) 36-2241249				
NC					2c	Plan sponsor's telephone number				
	OX 280					773-785-6000				
SOU	TH HOLLAND, IL 60473-0280				2d	Business code (see instructions)				
32	Dian administrator's name and	Laddraga (if same as Dian spaner as	ntor "Come	2"\	2 h	561730 Administrator's EIN				
	RGE J BEEMSTERBOER, INC	l address (if same as Plan sponsor, e		=)	30	36-2241249				
	,	SOUTH HOL	LAND, IL	60473-0280	3с	Administrator's telephone number				
						773-785-6000				
		an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		4c PN					
52	Total number of participants of	t the beginning of the plan year								
				5a	14					
	·	t the end of the plan year			b 14					
C Total number of participants with account balances as of the end of				•	14					
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	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.										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	770204	1	811863				
b			. 7b	C)	0				
С	Net plan assets (subtract line	7b from line 7a)	7c	770204	ļ.	811863				
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or received			(a) i militari		(10)				
	(1) Employers		. 8a(1)	12629)					
	(2) Participants		. 8a(2)	C)					
	(3) Others (including rollovers	s)	8a(3)	C	0					
b	Other income (loss)		. 8b	38497	97					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			51126				
d		rollovers and insurance premiums								
	to provide benefits)	·								
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	8e 0						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	8f 0						
g	Other expenses		. 8g	C						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			9467				
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			41659				
j	Transfers to (from) the plan (s	ee instructions)								

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program))a	X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)	•	b	Х				
С	Was the plan covered by a fidelity bond?	10	C	X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau or dishonesty?		d	Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the plainstructions.)	lan? (See)e X					252
f	Has the plan failed to provide any benefit when due under the plan?	10	Of	X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	a	X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)	FR		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one o exceptions to providing the notice applied under 29 CFR 2520.101-3		Di					
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (If						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 4°	12 of the Code or	section	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.	Month ₋						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk		Ī	12b				
	Enter the minimum required contribution for this plan year	Ī	12c					
	Enter the amount contributed by the employer to the plan for this plan year							
	negative amount)		12d		Пы	_	L 1/4	
	Will the minimum randing amount reported on line 12a be morely the randing dedaline.							N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year? .				1		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 brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	an(s), identify the p	olan(s) t	0				
1	13c(1) Name of plan(s):					1	3c(3)	PN(s)
auti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unle	ess reasonable o	ause is	establ	ished.			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I have exait Schedule MB completed and signed by an enrolled actuary, as well as the electronic version f, it is true, correct, and complete.							
SIGI	Filed with authorized/valid electronic signature. 10/16/2010 TH	EODORE G BEE	MSTER	BOER				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					tor			

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 G. Beens extra

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

		Identification Information							
For	calendar plan year 2009 or fis	scal plan year beginning	01/01/2	2009 and ending		12/31/2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participan	t plan		
В	This return/report is for:	first return/report	final return	n/report		_			
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C (Check box if filing under:	☐ Form 5558	X automatic	extension	•	DFVC progran	n		
	Street box it ming discor.	special extension (enter de	_			□ 	•		
Da	rt II Basic Plan Info	ormation—enter all requested	<u> </u>						
	Name of plan	Titlation—enter all requested	unomation		1h	Three-digit			
		BOER PROFIT SHARING	PLAN			plan number			
						(PN) •	002		
				:	1c	Effective date of	•		
					O.L.	03/31/1980			
za	GEORGE J BEEMSTER	ldress (employer, if for single-em RBOER, INC	ployer plan)		20	Employer Identific (EIN) 36-2241			
	NC	•			2c	Plan sponsor's te			
	PO BOX 280					773-785-60	00		
	SOUTH HOLLAND	IL 60473-028	0		2d	Business code (s	ee instructions)		
32		nd addrace (if came as Plan end	neor enter "Same	P)	3h	561730 Administrator's E			
Ja	GEORGE J BEEMSTER	nd address (if same as Plan spo RBOER, INC	nsor, emer oame	• •		36-2241249			
	PO BOX 280				3с	Administrator's te	•		
4 .	SOUTH HOLLAND		-0280		46	773-785-60	00		
		plan sponsor has changed since ber from the last return/report.		port filed for this plan, enter the	4b	EIN			
	,, p				4c	PN			
5a	Total number of participants	at the beginning of the plan yea	ır		5a		14		
b	b Total number of participants at the end of the plan year				5b		14		
C		ear (defined benefit plans do not	5c		14				
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Da	If you answered "No" to ei		: use Form 5500-	SF and must instead use Form 55	DO.				
7	Plan Assets and Liabilities	mation	1	(a) Basinaina of Voca	Т.	/h\ E_d .			
-			7a	(a) Beginning of Year 77020	<u> </u>	(b) End o	811863		
a b	· ·				0		011005		
C	•	e 7b from line 7a)		77020			811863		
8	Income, Expenses, and Tran			(a) Amount	+	(b) To			
а	Contributions received or rec			(a) Amount	+	(6) 10	70a1		
_			8a(1)	1262	9				
	(2) Participants		8a(2)		0				
	(3) Others (including rollovers)		0						
b	Other income (loss)		8b	3849	7				
C	· · · · · · · · · · · · · · · · · · ·	1), 8a(2), 8a(3), and 8b)			_		51126		
d		ct rollovers and insurance premi		946	7				
e	•	ective distributions (see instructi			0				
f		ders (salaries, fees, commission	,	***	0				
g	· .		' <u> </u>		0				
2	•				1		9467		
h	i ctai expenses tado imes ot	d, 8e, 8f, and 8g)	8h				2.0.		
h i	• •	d, 8e, 8f, and 8g)line 8h from line 8c)			\top		41659		

		Form 5500-SF 2009	Page 2-					
art	īV	Plan Characteristics						
	if the	pion provides pension benefits, enter the applicable pension feature of 3.0						
	It Und	plan provides welfare benefits, enter the applicable welfare feature co	odes from the List of Plan Chara	C(B1) X	ic Coc	ies in ti	ie Instructio	ons:
rt	V	Compliance Questions		—	T7			
	Du	ing the plan year:			Yes	NO.		lmount
	29	s there a failure to transmit to the plan any participant contributions with CFR 2510.3-102? (See instructions and DOL's Voluntary Flouciary Co.	rrection Program)	10:		х		
3	QП	re there any nonexempt transactions with any party-in-interest? (Do not line 10a.)	** 1 ** 5 * 7 * 1 7 * 7 * 7 * 7 * 7 * 7 * 7 * 7 *	10t		Х		
•	w	es the plan covered by a lidelity bond?	6 - 1 \$ - 2 \$ - 2 \$ 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10c		X		
†	1790	the plan have a loss, whether or not reimbursed by the plan's lidelity b	ond, that was caused by fraud	10c		x		
2	We	re any fees or commissions paid to any brokers, agents, or other perso trance scrvice or other organization that provides some or all of the bor nuctions.)	ns by an insurance carrier. refits under the plan? (See	104	х			252
•		s the plan failed to provide any benefit when due under the plan?		101		х		
3		the plan have any participant loans? (If "Yes," enter amount as of year		105:		х		
1] <u>/</u> 12	nts is an Individual account plan, was there a blackout period? (See inst	ructions and 29 CFR	101		х		
i	11 1	Oh was answered "Yes," check the box if you either provided the requirements to providing the notice applied under 29 CFR 2520.101-3	ed notice or one of the	101				
4	VI	Pension Funding Compliance				•		
_	(s t	nis a defined benefit plan subject to minimum funding requirements? ((f 0))	"Yes." see instructions and com	plet	Sched	tule SB	(Form	YAS No
	IS1	his a defined contribution plan subject to the minimum funding requires	nonts of section 412 of the Code	or se	ection :	302 of I	ERISA?.	Yes X No
	(If ·	Yes,* complete 12a or 12b, 12c, 12d, and 12e below. as applicable.)						- 1-11
	ΩſЯ	waiver of the minimum funding standard for a prior year is being amort nting the waiver.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	眈	, and e	erser th Day	e date of U	Year
1	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.		Г	450		
3	Ent	er the minimum required contribution for this plan year	**************************************		-	12b		······································
3	Ent	er the amount contributed by the employer to the plan for this clan year	***************************************		L	12c		
Ľ	Sui	ptract the amount in line 12c from the amount in line 12b. Enter the results amount)	ul (embar a minus sign to the left	of a	[12d		
e .	Wil	the minimum funding amount reported on line 12d be met by the fundi	ng deadline?	······			Yes	No N/A
t	VII	Plan Terminations and Transfers of Assets						
_	_	s a resolution to terminate the plan been adopted during the plan year of	or any prior year?		······································		·	Yes X No
		es," enter the amount of any plan assets that reverted to the employer				138		
	of (re all the plan assets distributed to participants or beneficiaries, transfer ho PBGC?		*********				Yes 🛭 No
=		uring this plan year, any assets or liabilities were transferred from this p ich assets or liabilities were transferred. (See instructions.)	eum to another plan(s), identify (ne pia				
_1	3c(I) Name of plan(s):		╆.	13	ks(2) El	N(e)	13c(3) PN(s)
_				T-	,			
_		The state of the s	·	۰.				

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

Part V

Part VII

Under penalties of penjury and other penalties set torth 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	Theodore & Beundans	10/14/2010	THEODORE G BURMSTERBORR
HERE	Signature of plan administrator	Date	Erger name of individual signing as plan administrator
SIGN	Knamberg S. Beert Valen	10/14/2010	THEODORE G BEEMSTERBOER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor