## 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).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	Complete all entries in according to the complete all entries are considered to the consid	dance wit	h the instructions to the Form 550	)-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for: $\square$ single-employer plan $\square$	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
С	Check box if filing under: Form 5558	extension		DFVC program	
_	special extension (enter description	n)			
Do					
	Int II Basic Plan Information—enter all requested information	ation		1h	Three-digit
	Name of plan GER INDUSTRIES, INC. 401(K) PLAN			ID	plan number
,	521 (NB 551 (NE 5, NO. 401 (N) 1 2/N				(PN) ▶ 003
				1c	Effective date of plan
					06/01/1989
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
HAE	GER INDUSTRIES, INC.				(EIN) 36-1179710
7 MA	IDEN LANE			2c	Plan sponsor's telephone number 847-783-5431
	DEE, IL 60118-2307			2d	Business code (see instructions)
					327100
3a	Plan administrator's name and address (if same as Plan sponsor, e		e")	3b	Administrator's EIN
HAE	GER INDUSTRIES, INC. 7 MAIDEN LA DUNDEE, IL		07		36-1179710
				3c	Administrator's telephone number 847-783-5431
1 1	f the name and/or EIN of the plan sponsor has changed since the las	et return/re	port filed for this plan, onter the	1h	EIN
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	40	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	61
b	Total number of participants at the end of the plan year			5b	56
С	Total number of participants with account balances as of the end of	f the plan v	vear (defined benefit plans do not		
	complete this item)			5c	53
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b		an indeper	ndent qualified public accountant (IQI	PA)	M v D v
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	JU.	
7	Plan Assets and Liabilities		(a) Beginning of Year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(b) End of Year 4239105
	Total plan assets	. 7a	3017330	_	4233103
b	Total plan liabilities	7b	3817990		4239105
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	- 7c	3617990	<u> </u>	4239103
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants		85504	-	
	• • • • • • • • • • • • • • • • • • • •	8a(2)		$\dashv$	
<b>L</b>	(3) Others (including rollovers)	` `	629319	_	
b	Other income (loss)		023310		714823
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			714023
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	291483		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)				
g	Other expenses	. 8g	2225		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				293708
i	Net income (loss) (subtract line 8h from line 8c)				421115
i	Transfers to (from) the plan (see instructions)				
,		1 81	1		

	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics.	cteris	tic Co	des in	the instruct	ions:		
_	2E 2F 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	des in t	he instructi	ons:		
art		1						
0	During the plan year:		Yes	No	<u></u>	Amoui	nt	
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		X	İ			
b		IUa						
-		10b		X	ı			
С	Was the plan covered by a fidelity bond?	10c	X		1		50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X				
		10d		^				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				İ			
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	ı			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Diddle also have a second in the second seco			Χ				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	1.03						
	·	10h		X				
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		X				
- u1		101			<u>                                     </u>			
art 11	VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	oloto 9	Schod	ulo SB	/Form			
	5500))					Y	′es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	302 of E	ERISA?	Y	′es	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver					ie lettei Year _		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy_		- oui _		
b	Enter the minimum required contribution for this plan year			12b	1			
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d	İ			
_	negative amount)				Yes	No	П	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				165	INO		IN/A
art						П,	/ N	<u></u>
sа	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Y	es '	No
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
IJ	of the PBGC?					Y	′es	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred (See instructions.)	e plar	n(s) to					

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

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

**13c(3)** PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/08/2011	CRAIG ZACHRICH
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

## 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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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

P	Complete all entries in accord	dance with	the Instructions to the Form 5500	-SF.	1115	paction
	rt I Annual Report Identification Information				J	
For		1/01/2	010 and ending	*****	12/31/201	.0
<b>A</b> 1	This return/report is for:	multiple-e	mployer plan (not multlemployer)	1	one-participa	nt plan
B	This return/report is for:     first return/report	final retur	n/report	•		
	an amended return/report	short plan	year return/report (less than 12 mon	ths)		
C			extension	1	DFVC progra	m
	special extension (enter description			Į.	_1	•••
Pa	rt II   Basic Plan Information—enter all requested information	*			*·····································	,
I	Name of plan	ation		1h	Three-digit	
	Haeger Industries, Inc. 401(k) Plan		į		plan number	
	•				(PN) <b>&gt;</b>	003
					Effective date of 06/01/1985	
2a	Plan sponsor's name and address (employer if for single-employer	nlan\				
	Plan sponsor's name and address (employer, if for single-employer Haeger Industries, Inc.	piarry	•	40	Employer Identi (EIN) 36-117	9710
					Plan sponsor's t	elephone number
	7 Maiden Lane			***************************************	(847) 783-9	5431
	Dundee		IL 60118-2307	2 <b>a</b>	Business code ( 3271.00	see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Samo	9")		Administrator's	ΞΙΝ
	SAME					
				3c .	Administrator's i	elephone number
4 1	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	nort filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan number from the last return/report. Sponsor	r's name	port mod for the plan, offer the			
				4c	PN	
	Total number of participants at the beginning of the plan year			5а	•	61
	Total number of participants at the end of the plan year			5b		56
C	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not	En		En
- 6a	complete this Item)			5c		X Yes No
b	Are you claiming a walver of the annual examination and report of	an Indepe	ndent qualified public accountant (IO	P۸۱		X Yes No
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a	and condit	ons.)	, ,,,,,,,,,,	***************	X Yes No
- n-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.	***************	
	rt III   Financial Information	T .		-1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
	Total plan assets		3,817,99	<u> </u>	***************************************	4,239,105
	Total plan liabilities			_		***************************************
	Net plan assets (subtract line 7b from line 7a)	7c	3,817,99	9-		4,239,105
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u> </u>	(a) Amount		(b) 7	<u> </u>
a	(1) Employers	8a(1)		1	rasida Portugal (no designa	
	(2) Participants	8a(2)	85,50	4		
	(3) Others (including rollovers)	8a(3)		-		
b	Other Income (loss)	. 8b	629,31	9		
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			······································	714,823
d	Benefits paid (including direct rollovers and insurance premiums			1	erg nga ing sa sa	- mail from
	to provide benefits)	. <u>8d,</u>	291,48	3		
e	Certain deemed and/or corrective distributions (see instructions)	<del></del>		4		
f	Administrative service providers (salaries, fees, commissions)	. 8f		_ ::		
g	Other expenses	. 8g	2,22	5		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	ļ			····	293,708
i	Net Income (loss) (subtract line 8h from line 8c)	81		-		421,115
1	Transfers to (from) the plan (see instructions)	I	i .	1 .		

F7	***	~-	~~4	_
Form	5500	-81-	201	O

m	~	ı
Page	-7-	6

Par	t IV	Plan Char	acteristics								
		plan provides pe	nsion benefits, enter the a	applicable pension fea	ature codes from the	List of Plan Char	acteris	stlc Co	des In	the instruct	lons;
b											
Part	V	Compliance	Questions				· · · · · · · · · · · · · · · · · · ·	<del></del>		***************************************	
10		ng the plan year:			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	····		1.,	1		
a	Was	there a failure to	transmit to the plan any p	participant contributio	ns within the time pe	riod described in	<del></del>	Yes	No		Amount
h	29 C	OFR 2510.3-1021	? (See Instructions and DC	DL's Voluntary Fiducia	ary Correction Progra	am)	10a		Х		
b	on lin	e tnere any none ne 10a.)	xempt transactions with a	ny party-in-interest? (	Do not include trans	actions reported	10b		x		
C			d by a fidelity bond?				10c	х			500,000
d	Dld th	he plan have a lo	oss, whether or not reimbu	ursed by the plan's fid	elity bond, that was	caused by fraud	10d		х		300,000
е											
f			provide any benefit when				10f		x	······································	
g			/ participant loans? (If "Ye				10g		X		
h	If this	s is an individual	account plan, was there a	a blackout period? (Se	e instructions and 2	9 CFR	10g 10h		X		
ı	If 10h	h was answered	"Yes," check the box if yo ng the notice applied unde	u either provided the	required notice or or	e of the	101		x		
Part			iding Compliance	***		· · · · · · · · · · · · · · · · · · ·	L	<u></u>			MANAGE TO SERVICE THE PARTY OF
11	ls this 5500)	s a defined bene )}	fit plan subject to minimun	n funding requiremen	ts? (If "Yes," see Ins	tructions and com	plete	Sched	Jule SE	(Form	Yes X No
12	ls this	is a defined cont	ribution plan subject to the	e minimum funding re	quirements of sectio	n 412 of the Code	or se	ction	302 of	FRISA?	Yes X No
	(If "Ye	es." complete 12	a or 12b, 12c, 12d, and 12	2e helow as annlicah	۱۵۱		,		002 01	LI (10/11 1)	П (
а	lf a w	siver of the mini	mum funding standard for	a orlar vaar la balaa	omorfized in this wis						
-	grantl	ing the waiver		a prior your is being	amortizeu in inis pia	n year, see instruc	JUONS,	, and e	enter th		
lf ·	VOU CO	ampleted line 19	≳a, complete lines 3, 9, a	and 40 of Cabadula B	AD /Commercial		TII		Day	-	Year
b			quired contribution for this			•		٢	12b		
											**************************************
C d	Enter	r the amount con	tributed by the employer t	to the plan for this pla	n year		•••••		12c		
•	negat	tive amount)	n line 12c from the amour	********************	**************************	***********************			12d		
			ling amount reported on li		funding deadline?	***********************		• • • • • • • • • •		Yes	No N/A
Part	L	L,	nations and Transfe		+ ··· · · · · · · · · · · · · · · · · ·	***					
13a			rminate the plan been add							<del></del>	Yes X No
<u> </u>	If "Yes	s," enter the am	ount of any plan assets th	at reverted to the emp	oloyer this year	***************************************			13a		
	of the	e PBGC?	ets distributed to participar						*****		Yes X No
C	which	ring this plan yea h assets or liabili	r, any assets or liabilities the state of th	were transferred from e instructions.)	this plan to another	plan(s), identify ti	ne pla	n(s) to	)	· · · · · · · · · · · · · · · · · · ·	
	13c(1)	Name of plan(s)						13	c(2) E	N(s)	13c(3) PN(s)
							ŀ				
	****										
		····									
Cau	tion: A	penalty for the	late or incomplete filing	of this return/repor	t will be assessed	unless reasonab	le cai	use is	establ	ished.	
2R 0	or Sche	alties of perjury a edule MB comple true, correct, and	nd other penalties set fort ted and signed by an enro complete.	th In the instructions, in the instructions, in the instructions, is well in the instructions.	declare that I have as the electronic ver	examined this return/ sion of this return/	ırn/re 'repor	port, I t, and	ncludin to the i	g, if applica sest of my l	ble, a Schedule knowledge and
SIG		Auf 1	Jules		7/4/2011	CRAIG ZACH	RIC	———— H	··· ··································	······································	
HEF		ignatue of pla	n administrator		Date	Enter name of Ir			ınina a	s plan admi	nistrator
SIG	-										
HEF	-	Signature of em	ployer/plan sponsor		Date	Enter name of Ir	ndivid	ual sid	ning a	s employer	or plan sponsor