Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number HERMAN SEEKAMP, INC. PROFIT SHARING PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 12/31/1979 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HERMAN SEEKAMP, INC 36-1752430 (EIN) 2c Sponsor's telephone number 630-628-6555 1120 W. FULLERTON ADDISON, IL 60101 2d Business code (see instructions) 424500 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 36-1752430 HERMAN SEEKAMP, INC. 1120 W. FULLERTON ADDISON, IL 60101 3c Administrator's telephone number 630-628-6555 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 39 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 38 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3956728 4219191 Total plan assets..... 7a 118 7b Total plan liabilities..... 3956610 4219191 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 66913 8a(1) (1) Employers 284590 (2) Participants 8a(2) 24830 (3) Others (including rollovers)..... 8a(3) -78962 **b** Other income (loss)..... 8b 297371 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 34248 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 542 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 34790 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 262581 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

Form 5500-SF 2011	Page 2
FUIII 3300-3F 2011	raye A

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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	The second secon							
0	During the plan year:		Yes	No		Amo	unt	
	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				
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					450000
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				
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.)	10e	X					12368
f	Has 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 year end.)	10g	X					91071
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					 П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X 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 instruction granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	10	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		П	Yes	X 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.)	ne plai	n(s) to			_		_
1	13c(1) Name of plan(s):			13c(2) EIN(s)			13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.			
Inde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cludin	g, if appl	icable, a	a Sche	dule

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.	04/16/2012	KENT W. BICKFORD
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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 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

2011

This Form is Open to Public Inspection

		ntification Information						
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)) a one-participant plan			
В	This return/report is:	the first return/report	the final return/report					
		an amended return/report	a short pla	an year return/report (less than 12 m	onths)	1		
C	∺	Form 5558	╡ :	extension	,	DFVC program		
Ŭ		special extension (enter descrip		o.n.o.noion				
ep.		tion—enter all requested infor						
	Name of plan	ILIOH—enter all requested infor	mation		1h	Three-digit		
	MAN SEEKAMP, INC. PROFIT SH	HARING PLAN AND TRUST			10	plan number		
1161	SISSIV CELIVANII , INO. I NOI II OII	IANINO I DAN AND TROOT				(PN) ▶ 001		
	•				1c	Effective date of plan		
		· · · · · · · · · · · · · · · · · · ·				12/31/1979		
Za HER	Plan sponsor's name and address MAN SEEKAMP, INC.	s; include room or suite number	(employer, il	for a single-employer plan)	2b	Employer Identification Number (EIN) 36-1752430		
					20	\y		
					20	Sponsor's telephone number 630-628-6555		
) W. FULLERTON ISON IL 60101				2d	Business code (see instructions)		
,,,,,	10014 IE 00101					424500		
За	Plan administrator's name and add	dress (if same as plan sponsor,	enter "Same	9")	3b	Administrator's EIN		
SAM	ΙE				_	36-1752430		
					30	Administrator's telephone number 630-628-6555		
4	If the name and/or EIN of the plan	n sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number	from the last return/report.						
-	Sponsor's name				4c	PN		
5a					5a	39		
b					5b	. 39		
С	Number of participants with accou			defined benefit plans do not	5c	38		
6a				(See instructions.)		X Yes No		
				ident qualified public accountant (IQ				
	under 29 CFR 2520.104-46? (See	e instructions on waiver eligibility	y and condit	ions.)		X Yes No		
lin-			Form 5500-	SF and must instead use Form 55	00.			
_	rt III Financial Information	<u>on</u>	500 000 000 000 000 000 000 000 000 000	<u> </u>				
7	Plan Assets and Liabilities			(a) Beginning of Year 3956728		(b) End of Year 4219191		
	Total plan assets			118		4219191		
	Total plan liabilities			3956610		4219191		
<u>_</u>	Net plan assets (subtract line 7b f		7c		<u>' </u>	·		
8 a	Income, Expenses, and Transfers Contributions received or receivable			(a) Amount	100	(b) Total		
•	(1) Employers		8a(1)	· 66913	3			
	(2) Participants	***************************************	8a(2)	284590				
	(3) Others (including rollovers)			24830)			
b	Other income (loss)			-78962	2			
С	Total income (add lines 8a(1), 8a(297371		
d	Benefits paid (including direct rolls							
	to provide benefits)		[34248	5			
е	Certain deemed and/or corrective	,			\exists			
f	Administrative service providers (s	•		542	-	- 100 (100 (100 (100 (100 (100 (100 (100		
g	Other expenses							
h	Total expenses (add lines 8d, 8e,				556	34790		
•••		8f, and 8g)	8h	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10-93 G-93 1-93	•		
į	Net income (loss) (subtract line 8h Transfers to (from) the plan (see i	h from line 8c)	8i		20-03 Gretti 1-0-0 1-0 1	262581		

Page 2 -	1		
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Enter name of individual signing as employer or plan sponsor

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COHIL	ออนษ	·ar	201	1

SIGN HERE

Signature of employer/plan sponsor

	1 0111 3300-31 2011							
Par	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension featu	re codes from the L	ist of Plan Chara	ecteris	tic Co	des in	the instructio	ns:
h	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	at of Plan Charac	terist	ic Cod	es in tl	ne instruction	s:
D	if the plan provides wellare bolicing, sinci the approach from a section							
Part	V Compliance Questions							
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contributions	within the time peri-	od described in	10a		х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	r Correction Prograt o not include fransat	ctions reported	IVa				
Ŋ	on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?	114444444444444444444444444444444444444		10c	Х			450000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?		********	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the	benefits under the	plan? (See	10e	х			12368
	instructions.)					х		
T	Has the plan failed to provide any benefit when due under the plan?			10f	Х			91071
g	Did the plan have any participant loans? (If "Yes," enter amount as of y			10g			33 18 18 3	
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29		10h	•	X		
I	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	101				TOTAL STATE OF THE
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instr	ructions and com	plete	Sched	dule SE	3 (Form	☐ Yes ☒ No
	5500))							Yes X No
12	Is this a defined contribution plan subject to the minimum funding requ		412 of the Coue	or se	BOUOTI	302 UI	ENIOAT	□ ,00 □
а	(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 ar	nortized in this plan	year, see instru	ctions	, and e	enter ti	ne date of the	letter ruling
	granting the waiver.		Mon	ith		Day	Y	ear
	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME				Γ	12b		
	Enter the minimum required contribution for this plan year					12c		
C	Enter the amount contributed by the employer to the plan for this plan	year	on sign to the left		···· }			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	s sign to the left	01 a	[12d		
е	Will the minimum funding amount reported on line 12d be met by the fi						Yes	No N/A
Parl								
decision.	Has a resolution to terminate the plan been adopted in any plan year?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the empl				13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another	plan, or brought	unde	r the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify t	he pla				
	13c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonal	ole ca	use is	estal	olished.	
Und SB (er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as if, it is true, correct, and complete.	declare that I have e	examined this ref	turn/re	eport, i	includii	ng, if applicat	ole, a Schedule nowledge and
1000	1 Ku + 1 1 h	4-6-17	KENT W. BICK	(FOR	.D			
SIC		Date	Enter name of			anina s	as plan admir	nistrator
116	Signature of plan administrator	Date	EIROI HAIRO OF			J 9 1	p	

Date