## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	0-SF.		•		
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-partici	ant plan		
			eturn/report	L		•		
			•	antha\				
_			in year return/report (less than 12 mo	ontns) r	7			
С	Check box if filing under:	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Pa	Irt II Basic Plan Information—enter all requested informa	ition						
1a	Name of plan			1b	Three-digit			
HAE	GER INDUSTRIES, INC. 401(K) PLAN				plan number			
					(PN) ▶	003		
				1c	Effective date o			
					06/01			
	Plan sponsor's name and address; include room or suite number (en GER INDUSTRIES, INC.	nployer, if	for a single-employer plan)		Employer Identif		er	
TIAL	SER INDOOTRIES, INO.				(=114)	79710		
				2c	Sponsor's telep			
	IDEN LANE		•	24	847-78			
DUN	DEE, IL 60118-2307			2a	Business code (		าร)	
20	Discontinuity and address (f. comments and address of the		"	26	32710			
	Plan administrator's name and address (if same as plan sponsor, entire INDUSTRIES, INC. 7 MAIDEN LAI		(**)	3D /	Administrator's I 36-11	=IN 79710		
	DUNDEE, IL 6		7	3c	Administrator's t		nber	
				,	847-783			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	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	a Total number of participants at the beginning of the plan year			5a	a			
b	<b>b</b> Total number of participants at the end of the plan year			5b	<b>b</b>			
С	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not							
	complete this item)			5c			4	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No	
b	- , · · · · · · · · · · · · · · · · · ·			,		Von □	l Na	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at		•			X Yes	No	
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	1111 3300-	or and must mistead use Form 550	JU.				
	·		()5					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 4239105		(b) End	of Year 4109299	)	
а	Total plan assets	7a	4239103			4103233	,	
D	Total plan liabilities	7b	4000405			44,000,00		
С	Net plan assets (subtract line 7b from line 7a)	7c	4239105			4109299	1	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal		
а	Contributions received or receivable from:	o (1)						
	(1) Employers	8a(1)	75042					
	(2) Participants	8a(2)	75943					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-83756					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-7813	3	
d	Benefits paid (including direct rollovers and insurance premiums		119852					
	to provide benefits)	8d	119032					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	2141					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				121993	}	
i	Net income (loss) (subtract line 8h from line 8c)	8i			<u> </u>	-129806	5	
j	Transfers to (from) the plan (see instructions)	8j						
-	· · · · · · · · · · · · · · · · · · ·	٠J						

Form 5500-SF 2011	

Dant IV	Diam Obanastanistica	

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

Page 2 - 1

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

<ul> <li>art V   Compliance Questions</li> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party</li> </ul>	nt contributions within the time period described in		Yes		1			
<b>a</b> Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol	nt contributions within the time period described in			NIA		A 1		
29 CFR 2510.3-102? (See instructions and DOL's Vol			162	No		Amount		
<b>b</b> Were there any nonexempt transactions with any party		10a		X				
on line 10a.)		10b		X				
<b>c</b> Was the plan covered by a fidelity bond?		10c	Х				500	000
<b>d</b> Did the plan have a loss, whether or not reimbursed by or dishonesty?		10d		X				
• Were any fees or commissions paid to any brokers, aginsurance service or other organization that provides so instructions.)	ome or all of the benefits under the plan? (See	10e		X				
f Has the plan failed to provide any benefit when due und	der the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," ente	amount as of year end.)	10q		X				
h If this is an individual account plan, was there a blackor 2520.101-3.)	ut period? (See instructions and 29 CFR	10h		X				
i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF	provided the required notice or one of the	10i		X				
art VI Pension Funding Compliance			Į					
1 Is this a defined benefit plan subject to minimum fundin 5500))						Yes	×	No
2 Is this a defined contribution plan subject to the minimum						Yes	X	No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below  a If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in this plan year, see instruction	th					_	_
If you completed line 12a, complete lines 3, 9, and 10 o			Г		T			
<b>b</b> Enter the minimum required contribution for this plan ye	ar			12b				
<b>c</b> Enter the amount contributed by the employer to the pla				12c				
<b>d</b> Subtract the amount in line 12c from the amount in line negative amount)				12d				
e Will the minimum funding amount reported on line 12d	be met by the funding deadline?				Yes	No	١	I/A
art VII Plan Terminations and Transfers of	Assets							
<b>3a</b> Has a resolution to terminate the plan been adopted in any	plan year?				Yes X N	0		
If "Yes," enter the amount of any plan assets that rever	ed to the employer this year	1	3a					
<b>b</b> Were all the plan assets distributed to participants or be of the PBGC?						Yes	×	No
<b>C</b> If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc	nsferred from this plan to another plan(s), identify the					ш	_	
13c(1) Name of plan(s):			130	c(2) E	IN(s)	13c(	B) PN	(s)
					.,			
caution: A penalty for the late or incomplete filing of this	return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.	I		
Inder penalties of perjury and other penalties set forth in the B or Schedule MB completed and signed by an enrolled act	instructions, I declare that I have examined this retu	urn/rep	port, in	cludir	g, if applica			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/27/2012	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**

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).

OMB Nos. 1210-0110 1210-0089

## 2011

This Form is Open to Public Inspection

·	Complete all entries in accord	dance with	the instructions to the Form 5500	SF.	mapeedion
	art I Annual Report Identification Information	- / /-			
		1/01/2	011 and ending		12/31/2011
Α	This return/report is for: 🛛 a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
P	art II Basic Plan Information—enter all requested informa				
	Name of plan	ation		1h	Three-digit
	Haeger Industries, Inc. 401(k) Plan				plan number
	J,				(PN) • 003
				1c	Effective date of plan
22	Dlan annual de la contraction				06/01/1989
Za	Plan sponsor's name and address; include room or suite number (en Haeger Industries, Inc.	mployer, if	for a single-employer plan)	2b	Employer Identification Number
	mager indubility inc.			0-	(EIN) 36-1179710
				20	Sponsor's telephone number (847) 783-5431
	7 Maiden Lane			2d	Business code (see instructions)
	Dundee		IL 60118-2307		327100
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
	SAME				
				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report.		,	-112	
	Sponsor's name	·		4c	PN
5a	The second secon			5a	56
b	Total number of participants at the end of the plan year			5b	53
С	Number of participants with account balances as of the end of the p complete this item)	olan year (c	lefined benefit plans do not	5с	49
6a	Were all of the plan's assets during the plan year invested in eligible				
b		an indenen	dent qualified public accountant (IOF	 2Δ1	<u>N</u> 165 ∐ 100
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.	
	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets		4,239,10	5	4,109,299
b		7b		_	
	Net plan assets (subtract line 7b from line 7a)	7c	4,239,10	5	4,109,299
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from: (1) Employers	0-(4)		ļ	
		8a(1)	75.04		
	(2) Participants	8a(2)	75,94	3	
b	(3) Others (including rollovers)	8a(3)	/02 7FC	$\exists$	
	Other income (loss)	8b	(83,756	<del>'</del>	(5.040)
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			(7,813)
ч	to provide benefits)	8d	119,85	2	
е	Certain deemed and/or corrective distributions (see instructions)	8e		7	
f	Administrative service providers (salaries, fees, commissions)	8f		7	
g	Other expenses	8g	2,14	1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	, , , , , , , , , , , , , , , , , , ,		121,993
i	Net income (loss) (subtract line 8h from line 8c)	8i		1	(129,806)
i	Transfers to (from) the plan (see instructions)	0:		1	, , , , , , , , , , , , , , , , , , , ,

Form	5500-	SE	201	,

Page	2	-
------	---	---

Part IV	Plan	Charac	tarietice

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

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

Dorf	\ <u>\</u>	Compliance Overtions						
Part		Compliance Questions		1	г	1		
10		ing the plan year:		Yes	No		Amour	ıt
a	29	s there a failure to transmit to the plan any participant contributions within the time period des CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Wer on li	re there any nonexempt transactions with any party-in-interest? (Do not include transactions ine 10a.)	reported 10b		Х			
С	Wa	s the plan covered by a fidelity bond?	10c	Х				500,000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ishonesty?	by fraud		Х			,
е	Wer insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance ca urance service or other organization that provides some or all of the benefits under the plan? ructions.)	arrier, (See		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)			X			
h	If th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	109		X			
i	If 10	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	•		X			/***
Part		Pension Funding Compliance			·	. <del></del>		
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 0))	s and complete	Sched	lule SI	3 (Form	Пү	es X No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of						es X No
	(lf "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	lead .
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, s nting the waiver.	Month	s, and e	enter tl Day	he date o	f the letter Year _	ruling
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		_				
		er the minimum required contribution for this plan year			12b			
C	Ente	er the amount contributed by the employer to the plan for this plan year	***************************************		12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign ative amount)	to the left of a	.,	12d			
e	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	Has	a resolution to terminate the plan been adopted in any plan year?				Yes X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, o he PBGC?	or brought unde	r the c	ontrol		Пү	es X No
С	lf du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ch assets or liabilities were transferred. (See instructions.)	, identify the pla	an(s) to	)		lk	Ц
1	13c(1	) Name of plan(s):		13	c(2) E	IN(s)	130	c(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable ca	use is	estab	lished.		
Unde SB o	er per r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examine nedule MB completed and signed by an enrolled actuary, as well as the electronic version of the true, correct, and complete.	ed this return/re	eport. i	ncludir	ng, if appli	icable, a S y knowled	Schedule dge and
SIG	N	Chap 2012 CRAI	G ZACHRIC	Н	***************************************			
HER			name of individ		ınina s	is plan ad	ministrate	or
SIG	N _		31 11141416	. 30, 018	,9	pian au		
HER	E	Signature of employer/plan sponsor Date Enter	name of individ	dual sig	ıning a	s employ	er or plan	sponsor