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

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 05/31/2011

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

B This return/report is: [ ] the first return/report [X] the final return/report
[ ] an amended return/report [X] a short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
R.E. SCHAUB ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2004

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
R.E. SCHAUB ENTERPRISES, INC.

4740 TALON COURT SE
SUITE 4
GRAND RAPIDS, MI 49512

2b Employer Identification Number (EIN) 38-3333795

2c Sponsor's telephone number 616-871-0040

2d Business code (see instructions) 332510

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
R.E. SCHAUB ENTERPRISES, INC. 4740 TALON COURT SE
SUITE 4
GRAND RAPIDS, MI 49512

3b Administrator's EIN 38-3333795

3c Administrator's telephone number 616-871-0040

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
a Sponsor's name

4b EIN

4c PN

5a	Total number of participants at the beginning of the plan year	**5a**	13
b	Total number of participants at the end of the plan year	**5b**	0
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	0

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

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.) [X] Yes [ ] No

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

			(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities			
a	Total plan assets	**7a**	785648	0
b	Total plan liabilities	**7b**		
c	Net plan assets (subtract line 7b from line 7a)	**7c**	785648	0
8	Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a	Contributions received or receivable from: (1) Employers	**8a(1)**	10459	
	(2) Participants	**8a(2)**	40122	
	(3) Others (including rollovers)	**8a(3)**		
b	Other income (loss)	**8b**	49954	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		100535
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**		
e	Certain deemed and/or corrective distributions (see instructions)	**8e**		
f	Administrative service providers (salaries, fees, commissions)	**8f**	28	
g	Other expenses	**8g**		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		28
i	Net income (loss) (subtract line 8h from line 8c)	**8i**		100507
j	Transfers to (from) the plan (see instructions)	**8j**	-886155	

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:
2E 2G 2J 2K 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
a 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	
c Was the plan covered by a fidelity bond?	10c	X		20000
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	
e 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		1135
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	
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			

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)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

(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. Month _____ Day _____ Year _____

If 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	
c 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 a negative amount)	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 ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)
ASSA ABLOY, INC. RETIREMENT SAVINGS PLAN	93-0925319	001

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

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 HERE	Filed with authorized/valid electronic signature.	10/21/2013	MARCIA SCHAUB
	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

October 21, 2013

RE: R. E. Schaub Enterprises, Inc.
Notice Number: CP403
Notice Date: 9/9/2013
Tax Period 201112
Tax Payer ID #: 38-3333795
Form: 5500SF Plan: 004
Plan Year Ending: 12/31/2011

Dear Sir or Madam:

I am writing to explain what I believe to be a reasonable cause for the late filing of the 2011 Form 5500 referenced above.

R. E. Schaub Enterprises, Inc. is a small company of 15 employees and was purchased in 2010. We merged our 401k plan with our new owner's plan at the end of May 2011. I left my position at the company on June 30, 2011.

I was unaware of my responsibility to file the 2011 5500 upon the conclusion of the merger of the R. E. Schaub 401k plan. I have no recollection of any discussion of that responsibility during the teleconferences regarding the merger. The TPA we worked with since 2004, Aegis Retirement Income Services, "dissolved" without notifying us during this time period. As you will see from our records, we filed our 2010 Form 5500 in March 2012 when I realized our TPA had not completed the 5500 that they were paid to complete. (Payment to the TPA was in December 2010). I filed the 2010 5500 under the DFVC program rather than request any waiver or leniency. However, I am asking for that help now.

The plan was properly administered in all other respects and it was never our intention or desire to be non-compliant. Upon receiving the IRS letter regarding the 2011 Form 5500, I took immediate action to gather the data from all parties to have the 2011 Form completed and electronically filed. I respectfully request that your office grant reasonable cause for late filing and waive any penalties or interest in this matter.

I appreciate your consideration in this matter. Please contact me at (616) 443-4426 you have any questions or require additional information.

Respectfully,

Marcia L. Schaub

Marcia L. Schaub

1100 Skyevale NE
Ada, MI 49301
October 9, 2013

Internal Revenue Service
Ogden, UT 84201-0018

RE: R. E. Schaub Enterprises, Inc.
Notice Number: CP403
Notice Date: 9/9/2013
Tax Period 201112
Tax Payer ID #: 38-3333795
Form: 5500SF Plan: 004
Plan Year Ending: 12/31/2011

Dear IRS agent:

I am requesting an additional 30 days to respond to the notice above. I am no longer employed by the company that received this notice (employment terminated on 6/30/2011). I received a copy of the notice from them on October 3, 2013.

I have requested information from the companies involved with the 401K plan in question. I have not received a response. I will respond to you as soon as I have the information required which I anticipate to be within the 30 day extension requested.

Thank you for your patience and assistance in this matter.

Respectfully,

Marcia L. Schaub

Marcia L. Schaub