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.

2222

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	ation							
For	calend	lar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/	2009			
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report					
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)				
C	Chack	box if filing under:	☐ Form 5558	F		extension	,	DFVC program			
J	CHECK	box ii iiiiiig dildei.	special extension (ente	L r descripti	1	o oxionolon		_ 51 vo program			
D	art II	Pacia Plan Info	<u> </u>		,						
	art II	of plan	mation—enter all reques	stea inform	nation		1h	Three-digit			
		•	1(K) PROFIT SHARING PL	AN			10	plan number			
1011	27 11 13 10	o a recent let let 10		,				(PN) • 001			
							1c	Effective date of plan			
								01/01/2003			
		sponsor's name and add S & KELLEHER LLP	Iress (employer, if for single	-employei	r plan)		26	Employer Identification Number (EIN) 37-1451715			
NAIN	DANAS	O & RELECTION LEF					2c	Plan sponsor's telephone number			
44 V	ALL S	TREET, 16TH FLOOR						212-785-5050			
NEV	/ YORK	K, NY 10005					2d	Business code (see instructions)			
32	Dlana	dministrator's name on	d address (if same as Plan		ntor "Com	~"\	2 h	541110 Administrator's EIN			
		3 & KELLEHER LLP				FH FLOOR	30	37-1451715			
			NE	W YORK	, NY 10005	,	3с	Administrator's telephone number			
								212-785-5050			
			lan sponsor has changed s er from the last return/repo			port filed for this plan, enter the	4b	EIN			
	name, i	Env, and the plan name	ici iioiii tiic last ictaiii/icpo	т. Оропа	or 3 marrie		4c	PN			
5a	Total	number of participants	at the beginning of the plan	year			5a	8			
b	Total	number of participants	at the end of the plan year				5b	10			
С	Total	number of participants	with account balances as of	the end o	of the plan y	vear (defined benefit plans do not					
	comp	lete this item)					5c	8			
6a		•	• , ,	Ū		(See instructions.)		Yes No			
b						ndent qualified public accountant (Iiions.)		X Yes No			
			•			SF and must instead use Form 5					
Pa	art III	Financial Inform									
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
а	Total	plan assets			. 7a	5784	85	738921			
b	Total	plan liabilities			7b						
С	Net pl	lan assets (subtract line	7b from line 7a)		. 7с	5784	85	738921			
8	Incom	ne, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total			
а		ibutions received or rec					0				
					8a(1)	004	0				
	` '	•				264					
L	` '	, -	s)		` '	1510	0				
b		` ,	0 (0) 0 (0) 101)			1519	40	470240			
ч С			, 8a(2), 8a(3), and 8b)		8c			178348			
d		1 \	t rollovers and insurance pr		8d	150	00				
е	Certai	in deemed and/or corre	ctive distributions (see instr	uctions)							
f			ers (salaries, fees, commiss	,		29	12				
g		•		,			0				
h		·	, 8e, 8f, and 8g)					17912			
i			ne 8h from line 8c)					160436			
:		, , ,	see instructions)								
J		(.) [(,		OI						

D (1) (DI OI ('4'	
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: 2A 2E 2F 2G 2J 2K 2T 3B 3D

If the plan provides welfare benefits, enter the ar

D	if the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	aes in	tne in	struction	S:		
art	٧	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		Aı	nount	t	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					100	00000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X						394
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					7	79482
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the	40:							
- v1		eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art 1		Pension Funding Compliance is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nnlete	Scher	lule SE	3 (For	m			
		0))						Υe	es >	No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERIS	A?	Υe	es 🔉	No
	(If "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_		-
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	enter th	ne dat	e of the	letter	ruling	g
	-	nting the waiver			Day		Ye	ar		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	T				
		er the minimum required contribution for this plan year		1	12c	+				
		er the amount contributed by the employer to the plan for this plan year				+				
u		ative amount)			12d	<u> </u>				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Υ	es	No		N/A
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Υe	es >	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Υє	es >	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)					
1	3c(1)	Name of plan(s):		13	c(2) El	IN(s)		13c	(3) P	N(s)
aut	on: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ile cai	ıse is	estah	lisher	1			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ref						e, a S	ched	ule
B o	Sch	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.								
SIGI	, Fi	iled with authorized/valid electronic signature. 07/16/2010 WILLIAM P KAR	DARA	S						

SIGN	Filed with authorized/valid electronic signature.	07/16/2010	WILLIAM P KARDARAS
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 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

	art Annual Report Identification Information	01 /01 /0			10/31/0000
_ For		01/01/2 -	009 and ending		12/31/2009
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report] final retui	n/report		
	an amended return/report	short plai	n year return/report (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension		☐ DFVC program
	special extension (enter descripti	ion)			lad
D.	art II Basic Plan Information—enter all requested inform				
	Name of plan	ialion .		1b	Three-digit
	Kardaras & Kelleher LLP			'~	plan number
	401(k) Profit Sharing Plan				(PN) ▶ 001
	,,			1c	Effective date of plan
				<u> </u>	01/01/2003
2a	Plan sponsor's name and address (employer, if for single-employer Kardaras $\&$ Kelleher LLP	r plan)		2b	Employer Identification Number (EIN) 37-1451715
				20	Plan sponsor's telephone number
	44 Wall Street, 16th Floor				(212)785-5050
	Ti Maka Dologo, Todi 11001			2d	Business code (see instructions)
	New York		NY 10005	O.L.	541110
sa	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{\tiny Same}}$	enter "Same	∋")	30	Administrator's EIN
				3с	Administrator's telephone number
					(212)785-5050
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		10	PN
5a	Total number of participants at the beginning of the plan year			5a	8
ou	Total number of participants at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •	***************************************	οa	0
h	Total number of participants at the end of the plan year				10
b	, , , , , , , , , , , , , , , , , , , ,			5b	10
c	Total number of participants with account balances as of the end o	f the plan y	rear (defined benefit plans do not	5b 5c	10
C	Total number of participants with account balances as of the end o complete this item)	f the plan y	rear (defined benefit plans do not	5с	8
с 6а	Total number of participants with account balances as of the end o complete this item)	of the plan your ple assets?	rear (defined benefit plans do not (See instructions.)	5c	8 X Yes
с 6а	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	of the plan y ble assets? f an indepe and condit	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.)	5c	8 X Yes
6a b	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	of the plan y ble assets? f an indepe and condit	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.)	5c	8 X Yes
6a b	Total number of participants with account balances as of the end o complete this item)	of the plan y ble assets? f an indepe and condit	(See instructions.) dent qualified public accountant (IQions.) SF and must instead use Form 55	5c	X Yes No X Yes No
6a b	Total number of participants with account balances as of the end o complete this item)	of the plan yole assets? If an indeperant conditions If orm 5500-	(See instructions.) dent qualified public accountant (IQions.) SF and must instead use Form 556 (a) Beginning of Year	5c	X Yes No No No No No No No N
6a b Pa	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Financial Information Plan Assets and Liabilities Total plan assets	of the plan you ble assets? f an indepe and condition 5500-	(See instructions.) dent qualified public accountant (IQions.) SF and must instead use Form 55	5c	X Yes No X Yes No
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6a b 7 a b	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit in Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	of the plan you ble assets? fan indepe and condit form 5500-	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 578,48	5c (PA) 00.	X Yes No No No No No No No No
6a b Pa 7 a b c	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	of the plan you ble assets? fan indepe and condit form 5500-	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 578,48	5c (PA) 00.	X Yes
6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	of the plan you ble assets? fan indepe and condit form 5500-	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 578,48	5c (PA) 00.	X Yes No No No No No No No No
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6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	of the plan you ble assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 578,48	5c (PA) (00.	X Yes No No No No No No No No
6a b Pa 7 a b c	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fiftill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	of the plan you ble assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 578, 48 (a) Amount	5c PA) 000.	X Yes No No No No No No No No
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Faab c 8 a b c	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	of the plan you ble assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 578, 48 (a) Amount	5c PA) 000.	X Yes No X Yes No X Yes No No No No No No No N
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Fa b c b c d	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	f the plan y ple assets? f an indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 578, 48 (a) Amount 26, 40	5c (PA) (00.	X Yes No X Yes No X Yes No No No No No No No N
Fa b c b c d	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fitallia Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	the plan y ple assets? fan indepe and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 558 (a) Beginning of Year 578, 48 (a) Amount 26, 40 151, 94	5c (PA) (00.	X Yes No No No No No No No No No
Pa b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit iii Financial Information Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	the plan yole assets? fan indepe and condit form 5500- 7a	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 558 (a) Beginning of Year 578, 48 (a) Amount 26, 40 151, 94	5c (PA) (00.	X Yes No X Yes No X Yes No No No No No No No N
Pa b 7 a b c 8 a b cd e f	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fit iii Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	the plan yole assets? fan indepe and condit form 5500- 7a	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 558 (a) Beginning of Year 578, 48 (a) Amount 26, 40 151, 94	5c (PA) (00.	X Yes No No No No No No No No No

Form	EEAA	0	200

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Door	2	
Page	4-	

Par	t IV Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan (2A 2E 2F 2G 2J 2K 2T 3B 3D	Characteri	stic Co	des in	the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	stic Co	des in	the instruc	ctions:
Part	t V Compliance Questions					-
10	During the plan year:		Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period describe	d in				
h	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 report on line 10a.)	ea 10b		х		
С			Х			1,000,000
d			21	х		270007000
е		10e	Х			394
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.)	10g	Х			79,482
h		10h		Х		
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	.,				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))	complete	Sched	lule SE	3 (Form	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 year, see in granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	, and e	enter th Day	e date of	the letter ruling Year
-	Enter the minimum required contribution for this plan year			12b		
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 negative amount)		[12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ No □ N/A
art	VII Plan Terminations and Transfers of Assets					
I3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			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 brou of the PBGC?		the co	ntrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the pla	n(s) to			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
						-
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable cau	ıse is	establ	lshed.	
SB or	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this in Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this religi					
	William William	P Kard	dara	 s		
SIGN HERI		***			s plan adn	ninistrator
<u> المراتب</u>	William William					
SIGN					emnlove	r or plan sponsor
Signature of employer/plan sponsor Date 1/13/10 Enter name of individual signing as employer or plan sponso						or himi shouson