## 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 I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
_	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan	20011		1b	Three-digit
	BARDI & SILVER LLP. EMPLOYEE SAVINGS PLAN				plan number
				4 -	(PN) 🕨
				10	Effective date of plan 01/01/1998
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	BARDI & SILVER LLP.	. ,			(EIN) 11-3433819
00.0	Z EDANOIO I EMIO DI VID			2c	Plan sponsor's telephone number 718-224-2030
	7 FRANCIS LEWIS BLVD. SIDE, NY 11358			2d	Business code (see instructions)
					621391
	Plan administrator's name and address (if same as Plan sponsor, et			3b	Administrator's EIN
LOIVI	BARDI & SILVER LLP. 32-07 FRANC BAYSIDE, N		BLVD.	30	11-3433819 Administrator's telephone number
				00	718-224-2030
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	17
b	Total number of participants at the end of the plan year			5b	17
С	Total number of participants with account balances as of the end of			- O.D	
	complete this item)			5c	15
6a					Yes 📙 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes □ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,		
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	612785	5	687992
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	612785	5	687992
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	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	75707	7	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			75707
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d		4	
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f		-	
g	Other expenses	8g	500	)	500
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 01-			500
		8h			
i	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i 8j			75207

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 3B

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:	_		Yes	No		Amount		
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				100000
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пуе	s X No
		0))his a defined contribution plan subject to the minimum funding requ							☐ Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	□ .•	о 🗆
		waiver of the minimum funding standard for a prior year is being am		n year, see instruct	tions,	and e	enter th	e date of the	he letter r	uling
	-	nting the waiver.			h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	,	•		Γ	12b			
		er the minimum required contribution for this plan year					12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	·	the minimum funding amount reported on line 12d be met by the fu				-		Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								<u></u>
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Ye	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			<b></b>
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Ye	s X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to			<u> </u>	
13	3c(1	) Name of plan(s):				13	c(2) El	N(s)	13c(	<b>3)</b> PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/04/2010	DANIEL RICHARI	DS					
HERE	- Г	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan adm	inistrator	

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in acco	ordance w	ith the instructions to the Form 550	0-SF.			
	Part I Annual Report Identification Information					<u> </u>	
Fo	or calendar plan year 2009 or fiscal plan year beginning	01/01/	2009 and ending		12/31/200	09	
Α	This return/report is for: X single-employer plan	multiple	-employer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for:     first return/report	final ret	urn/report				
	an amended return/report	short pl	an year return/report (less than 12 mo	nths)			
C	Check box if filing under: X Form 5558		tic extension		☐ DFVC progra	am	
•	special extension (enter descrip	لسا					
970		- 4 -		_			
-	Part II Basic Plan Information—enter all requested information	mation		1h	Three digit	F	
18	Name of plan Lombardi & Silver LLP. Employee Savings	Plan		10	Three-digit plan number		
					(PN) •	001	
				1c	Effective date of		
					01/01/199	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<b>2</b> a	Plan sponsor's name and address (employer, if for single-employer Lombardi & Silver LLP.	er plan)		2b	Employer Identif		
	Dombarar & Sirver BBr.			20	(EIN) 11-343		
	OO OO Ware also Yeard a Dland			26	Plan sponsor's telephone number (718) 224-2030		
	32-07 Francis Lewis Blvd.			2d	Business code (	see instructions)	
	Bayside		NY 11358		621391		
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "San	ne")	3b	Administrator's I	EIN	
				30	Administrator's t	elephone number	
				-	Administrator 5 t	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Spons						
				4c	PN		
	Total number of participants at the beginning of the plan year			5a		17	
	Total number of participants at the beginning of the plan year  Total number of participants at the end of the plan year			5a 5b		17 17	
b	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of	of the plan	year (defined benefit plans do not	5b		17	
b c	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of the complete this item)	of the plan	year (defined benefit plans do not	5b 5c		17	
b c 6a	Total number of participants at the end of the plan year  Total number of participants with account balances as of the end of the complete this item)  Were all of the plan's assets during the plan year invested in eligi	of the plan	year (defined benefit plans do not	5b 5c		17	
b c 6a	Total number of participants at the end of the plan year  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 eligit. Are you claiming a waiver of the annual examination and report of	of the plan ble assets	year (defined benefit plans do not  ? (See instructions.)	5b 5c PA)		17	
b c 6a	Total number of participants at the end of the plan year	of the plan ble assets' f an indepo	year (defined benefit plans do not  ? (See instructions.)	5b 5c PA)		17 15 X Yes No	
6a b	Total number of participants at the end of the plan year  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 eligit. Are you claiming a waiver of the annual examination and report of	of the plan ble assets' f an indepo	year (defined benefit plans do not  ? (See instructions.)	5b 5c PA)		17 15 X Yes No	
6a b	Total number of participants at the end of the plan year	of the plan ble assets' f an indepo	year (defined benefit plans do not  ? (See instructions.)	5b 5c PA)		17 15 X Yes No X Yes No	
6a b	Total number of participants at the end of the plan year  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 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fait it. Financial Information  Plan Assets and Liabilities	of the plan ble assets f an indep and condi	year (defined benefit plans do not  ? (See instructions.)  endent qualified public accountant (IQ tions.).  SF and must instead use Form 550	5b 5c PA)		17 15 X Yes No X Yes No	
6a b	Total number of participants at the end of the plan year  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 eligil. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fact iii Financial Information  Plan Assets and Liabilities  Total plan assets.	of the plan ble assets f an indeper and condi	year (defined benefit plans do not  ? (See instructions.)  endent qualified public accountant (IQ itions.)  SF and must instead use Form 55	5b 5c PA)		17 15 X Yes No X Yes No	
6a b	Total number of participants at the end of the plan year  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 eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fact it. Financial Information  Plan Assets and Liabilities  Total plan liabilities	ble assets f an indeper and condi	year (defined benefit plans do not  ? (See instructions.)  endent qualified public accountant (IQ itions.)  SF and must instead use Form 55	5b 5c PA)		17 15 X Yes No X Yes No	
6a b	Total number of participants at the end of the plan year	ble assets f an indeper and condi	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) SF and must instead use Form 55  (a) Beginning of Year 612,78	5b 5c PA)	(b) End	17 15 X Yes No X Yes No 687,992	
6a b	Total number of participants at the end of the plan year  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 eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fact it. Financial Information  Plan Assets and Liabilities  Total plan liabilities	ble assets f an indeper and condi	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year  612,78	5b 5c PA)		17 15 X Yes No X Yes No 687,992	
6a b	Total number of participants at the end of the plan year	ble assets' f an indepresent condition form 5500  7a 7b 7c	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) SF and must instead use Form 55  (a) Beginning of Year 612,78	5b 5c PA)	(b) End	17 15 X Yes No X Yes No 687,992	
6a b	Total number of participants at the end of the plan year  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 eligil. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fact iii Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan ble assets f an indeper and condi Form 5500  7a 7b 7c	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) SF and must instead use Form 55  (a) Beginning of Year 612,78	5b 5c PA)	(b) End	17 15 X Yes No X Yes No 687,992	
6a b	Total number of participants at the end of the plan year  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 eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use fact ill. Financial Information  Plan Assets and Liabilities  Total plan assets	of the plan ble assets f an indeper and condition Form 5500  7a 7b 7c 8a(1)	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) SF and must instead use Form 55  (a) Beginning of Year 612,78	5b 5c PA)	(b) End	17 15 X Yes No X Yes No 687,992	
6a b	Total number of participants at the end of the plan year	ble assets of an indeper and condition form 5500  7a 7b 7c  8a(1) 8a(2) 8a(3)	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) SF and must instead use Form 55  (a) Beginning of Year 612,78	5b 5c PA) 55 5	(b) End	17 15 X Yes No X Yes No 687,992	
6a b Pa a b c 8 a	Total number of participants at the end of the plan year	of the plan ble assets' f an indeper and condition Form 5500  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No X Yes No 687,992	
6a b Pa a b c 8 a	Total number of participants at the end of the plan year  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 eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use for the 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  Others (including rollovers)  Other income (loss)	of the plan ble assets' f an indeper and condition Form 5500  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b Pa 7 a b c b c d	Total number of participants at the end of the plan year	of the plan ble assets' f an indeper and condition Form 5500  7a  7b  7c  8a(1)  8a(2)  8a(3)  8b	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b Pa 7 a b c b c d	Total number of participants at the end of the plan year	of the plan ble assets' f an indeper and condition Form 5500  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b Pa 7 a b c b c d	Total number of participants at the end of the plan year	of the plan ble assets' f an indepresent condition form 5500  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b Pa a b c d e	Total number of participants at the end of the plan year	of the plan ble assets' f an indeper and condition Form 5500  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b c d e f	Total number of participants at the end of the plan year	of the plan ble assets f an indeper and condition Form 5500  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15 X Yes No Yes No 687,992 687,992	
6a b Fe 7 a b c d e f g	Total number of participants at the end of the plan year	of the plan ble assets' f an indepresent of an independent of an i	year (defined benefit plans do not  ? (See instructions.) endent qualified public accountant (IQ itions.) -SF and must instead use Form 55i  (a) Beginning of Year 612,78  612,78  (a) Amount	5b 5c PA) 55 5	(b) End	17 15	

<b>C</b>	5500.	~	MANA
rom			71 H P.

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Page	77	

Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from	the List of Plan Cha	racteri	stic Co	des ir	the instru	ctions:	······································
b	2A 2E 2G 3B If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from t	he List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
Par	V Compliance Questions				,				
10	During the plan year:	***************************************		······································	Yes	No	T	A	····
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time	period described in	10a		Х		Amount	
b		Oo not include tra	nsactions reported	10b		×		<del></del>	<b>~~~~</b>
c	Was the plan covered by a fidelity bond?			10c	х			1	00 0
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that wa	s caused by fraud	10d	^	x		Τ.	00,0
е	Were any fees or commissions paid to any brokers, agents, or other properties insurance service or other organization that provides some or all of the instructions.)	ersons by an ins e benefits under	surance carrier, the plan? (See	10e	Y	x			··········
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								
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	Instructions and	29 CFR	10g		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	10h		$\hat{}$			
Dart	VI Pension Funding Compliance	*************************	•••••••••••	101	-				9848698583
	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see in	nstructions and com	plete S	Schedu	le SB	(Form	П Уст	X No
12	5500))							<del>-  -  -  -  -  -  -  -  -  -  -  -  -  -</del>	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		ion 412 of the Code	or sec	xion 30	)2 of E	:RISA7	Yes	X No
па	If a walver of the minimum funding standard for a prior year is being ar granting the walver.	nortized in this pl	an year, see Instruc	tions,	and en		e date of th		ling
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	(Form 5500), ai	nd skip to line 13.		<b></b>				
	Enter the minimum required contribution for this plan year					2b	***************************************		
C	Enter the amount contributed by the employer to the plan for this plan year					2c			<del></del>
d	Subtract the amount in line 12c from the amount in line 12b. Enter the inegative amount)	result (enter a mi	nus sign to the left o	of a	1	2d			
	Mil the minimum funding amount reported on line 12d be met by the fu				-	<del></del>	Yes	No [	N/A
Part \	7777777	riding deadmie r.				···	1 100	140	1 14/7
-	las a resolution to terminate the plan been adopted during the plan year	er or any prior va	an?	<del></del>			***************************************	☐ Yes	X No
	f "Yes," enter the amount of any plan assets that reverted to the emplo					3a		163	A NO
b '	Were all the plan assets distributed to participants or beneficiaries, tran	sferred to anothe	er plan, or brought u	nder th	ne cont		······································	☐ Yes	✓ No
	f during this plan year, any assets or llabilities were transferred from the which assets or liabilities were transferred. (See instructions.)				s) to	••		u	u
	c(1) Name of plan(s):				13c/2	2) EIN	(s)	13c(3)	PN/e)
						,	(0)	Ισοίολ	. 11(0)
				······································	···				·····
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill he assessed	uniess reasonable	Calle	ie oe	tablic	had		······································
	penalties of perjury and other penalties set forth in the instructions, I de							e a Scher	dule
SB or S	chedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	he electronic ver	sion of this return/re	port, a	nd to t	he be:	st of my kn	owledge a	nd
SIGN	x torus on dela	1 1	Larry Silve	r					
HERE		te 9/28/10	Enter name of ind	_	signin	g as n	lan admini	strator	
SIGN	xan n	110	Larry Silve:						
HERE	V . A	ite 9/28/10	Enter name of indi		signing	as e	mployer or	plan spon	sor
		/ /							