## 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	mspection
Pa	art I	Annual Report	Identification Information				
For	calenda	ar plan year 2010 or fis	scal plan year beginning 08/01/201	0	and ending 0	8/31/2	2010
A	This ret	:urn/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		urn/report is for:	first return/report	final retur	n/report		
_	11113 160	diffreport is for.	an amended return/report		n year return/report (less than 12 mor	othe)	
_				•		11113)	
C	Check b	box if filing under:	☐ Form 5558		extension		DFVC program
		_	special extension (enter description	on)			
Pa	art II	Basic Plan Info	rmation—enter all requested inform	ation			
	Name	•				1b	Three-digit
JMK	BUILDI	ING CORP. PROFIT S	HARING PLAN AND TRUST				plan number 002
						4 -	(PN) • 552
							Effective date of plan 08/01/1988
22	Dlon or	nangar's name and ad	dress (employer, if for single-employer	nlon)		2h	Employer Identification Number
		DING CORP.	dress (employer, ir for single-employer	piari)		20	(EIN) 13-2840695
						2c	Plan sponsor's telephone number
		I MAIN STREET, SUIT NY 10956-4054	E 1				845-634-8100
142 00	7 011 1,	141 10000 4004				2d	Business code (see instructions) 531390
20	Diaman		d address (if some so Dien species		- "\	2 h	
J.M.	Rian ad K. BUILI	oministrator's name ar DING CORP.		MAIN STF	REET, SUITE 1	30	Administrator's EIN 13-2840695
	NEW CITY,				4054	3c	Administrator's telephone number
							845-634-8100
			plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, E	EIN, and the plan num	per from the last return/report. Sponso	r's name		4c	DN
52	Total r	number of participants	at the beginning of the plan year				2
						5a	0
b			at the end of the plan year			5b	0
С			with account balances as of the end of		•	5c	0
62		•					X Yes ☐ No
b			during the plan year invested in eligib the annual examination and report of				
			(See instructions on waiver eligibility				Yes No
	If you		ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III	Financial Inform	nation				
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total p	olan assets		. 7a	1694164	ŀ	0
b					C	)	0
С	Net pla	an assets (subtract line	e 7b from line 7a)	. 7c	1694164	ļ.	0
8	Incom	e, Expenses, and Trar	sfers for this Plan Year		(a) Amount		(b) Total
а		butions received or rec			(	,	•
	<b>(1)</b> Er	mployers		. 8a(1)		_	
	<b>(2)</b> Pa	articipants		8a(2)			
	(3) Ot	thers (including rollove	rs)	. 8a(3)			
b	Other	income (loss)		. 8b	5407	7	
С	Total in	ncome (add lines 8a(1	), 8a(2), 8a(3), and 8b)	8c			5407
d			ct rollovers and insurance premiums		1699558	2	
	-	•		8d	1099330		
е			ective distributions (see instructions)			-	
f	Admin	istrative service provid	lers (salaries, fees, commissions)	. 8f			
g	Other	expenses		. 8g	13	3	
h	Total e	expenses (add lines 8d	I, 8e, 8f, and 8g)	8h			1699571
i	Net ind	come (loss) (subtract l	ne 8h from line 8c)	. 8i			-1694164
j	Transf	fers to (from) the plan	(see instructions)	8j		)	

Form 5500-SF 2010	Page <b>2-</b>
-------------------	----------------

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

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

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from	the List of Plan Chara	acterist	tic Co	des in t	the instru	ctions				
art	: <b>V</b>	Compliance Questions										
0	Du	uring the plan year:			Yes	No		Amo	ount			
а	Wa	as there a failure to transmit to the plan any participant contributions within the time 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Policy		10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	W	/as the plan covered by a fidelity bond?		10c	X				;	300000		
d	or dishonesty?											
е												
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X						
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X						
h		this is an individual account plan, was there a blackout period? (See instructions and including an analysis and analysis and analysis and an analysis and analysis analysis and analysis analysis and analysis and analysis and analysis analysis and analysis and analysis and analysis and analysis and analysis analysis analysis and analysis and analysis and analysis and analysis an		10h		X						
i		10h was answered "Yes," check the box if you either provided the required notice of ceptions to providing the notice applied under 29 CFR 2520.101-3		10i								
art		Pension Funding Compliance				ı						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see 00))							Yes	No		
2		this a defined contribution plan subject to the minimum funding requirements of se							Yes	X No		
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this anting the waiver.	Mon	ıth								
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	·		_		I					
b	En	ter the minimum required contribution for this plan year				12b						
		ter the amount contributed by the employer to the plan for this plan year				12c						
	ne	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a gative amount)			_	12d		п.		1		
		Il the minimum funding amount reported on line 12d be met by the funding deadlin	e?				Yes	ľ	٧o	N/A		
art	VII	Plan Terminations and Transfers of Assets								_		
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior	year?				ı	X	Yes	No		
		Yes," enter the amount of any plan assets that reverted to the employer this year				13a				0		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									No		
С		during this plan year, any assets or liabilities were transferred from this plan to ano nich assets or liabilities were transferred. (See instructions.)	ther plan(s), identify the	he plaı	n(s) to	1						
13c(1) Name of plan(s):					13	c(2) El	N(s)		13c(3)	PN(s)		
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assess	sed unless reasonab	le cau	se is	establ	ished.					
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I he chedule MB completed and signed by an enrolled actuary, as well as the electronic is true, correct, and complete.	ave examined this ret	urn/rep	ort, ir	cludin	g, if applic	,				
0:0		Filed with authorized/valid electronic signature. 10/27/2010	JOHN KNUTSEN	I SR.								
SIG	N											

SIGN	Filed with authorized/valid electronic signature.	10/27/2010	JOHN KNUTSEN SR.
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

## EN 13-2840695 /PN 002

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

## 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For		8/01/2	010 and ending		08/31/201	)				
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participan	t plan				
В	This return/report is for:     first return/report	final retur	n/report							
_	an amended return/report	short plan	year return/report (less than 12 mon	the)						
_					☐ DE\/C =======	_				
C	Check box if filing under: Form 5558		extension		DFVC program	n				
	special extension (enter description	·								
	art II Basic Plan Information—enter all requested information	ation								
1a	Name of plan	1		1b	Three-digit					
	JMK Building Corp. Profit Sharing Plan a	nd Tru	st		plan number	002				
			_	4_	(PN) Effective date of					
				10	08/01/1988	pian				
22	Plan sponsor's name and address (employer, if for single-employer	2h	Employer Identifie	nation Number						
	Plan sponsor's name and address (employer, if for single-employer J.M.K. Building Corp.	piarry		A ~/	(EIN) 13-2840					
			2c	Plan sponsor's te	lephone number					
	301 North Main Street, Suite 1		(845) 634-8	100						
				2d	Business code (s	ee instructions)				
	New City		NY 10956-4054	26	531390	151				
эa	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{same}}$	nter Same	;)	SD	Administrator's E	IIN .				
			ļ	3c	Administrator's te	lephone number				
	f 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	DN					
50	Total number of participants at the beginning of the plan year				T	2				
			-	5a	4	2				
	Total number of participants at the end of the plan year		ļ-	<u>5b</u>		0				
C	Total number of participants with account balances as of the end of complete this item)			5c		0				
62	Were all of the plan's assets during the plan year invested in eligib					X Yes No				
	Are you claiming a waiver of the annual examination and report of		•			<u> </u>				
	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 Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year				
а	Total plan assets	7a	1,694,16	4		0				
b	Total plan liabilities	7b	(	0		0				
	Net plan assets (subtract line 7b from line 7a)	7c	1,694,16	4		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>	(b) To	otal				
	Contributions received or receivable from:			1						
	(1) Employers	8a(1)		n I						
			,	2						
	(2) Participants	8a(2)								
b	(2) Participants	8a(2)	5,40							
b c	(2) Participants	8a(2) 8a(3)				5,407				
	(2) Participants	8a(2) 8a(3) 8b				5,407				
C	(2) Participants	8a(2) 8a(3) 8b		7		5,407				
C	(2) Participants	8a(2) 8a(3) 8b 8c	5,40	7		5,407				
c d	(2) Participants	8a(2) 8a(3) 8b 8c 8d	5,40	7		5,407				
c d	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e	5,40	7		5,407				
c d e f	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f	5,40° 1,699,558	7		5,407 1,699,571				
c d e f g	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	5,40° 1,699,558	7						
c d e f g	(2) Participants (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	1,699,558 1,1	3		1,699,571				
c d e f g h i j	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	1,699,558 1.	7		1,699,571				

D	2	
rage	<b>Z</b> -	1

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Par	t IV Plan Characteristics									
Part V   Compliance Questions  10	9a										
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2501-3102? (See instructions and DOL's Voluntary Flouciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Chara	cteris	tic Cod	des in t	he instruction	ins:		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-102 (See instructions and Dolt * Voluntary Fluctions Correctly of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishortest?  C Was the plan covered by a fidelity bond?  10b	Part	V Compliance Questions									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.).  C Was the plan covered by a fidelity bond?  d Old the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  6 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, lessurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  7 Has the plan failed to provide any benefit when due under the plan? (See instructions.).  8 Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10				Yes	No	-	mount			
on line 10a.)	а			10a		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  ## Vere 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).  ## Has the plan failed to provide any benefit when due under the plan?  ## Uper 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).  ## Has the plan failed to provide any benefit when due under the plan?  ## Uper Insurance or any any participant locans? (If "Yes," enter amount as of year end.).  ## If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 10	b			10b		Х					
e Wirs 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.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?		10c	Х			30	0,0	000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan failed to provide any benefit when due under the pian?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  h If this is an individual account plan, was three a blackout period? (See instructions and 29 CFR 2520 101-3.)  i If 10h was answerd "Yes," check the box if you either provided the required notice or one of the exceptions be providing the notice applied under 29 CFR 2520.101-3.  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 5550)).  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.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the amount contributed by the employer to the plan for this plan year.  c Enter the amount contributed by the employer to the plan for this plan year.  d Subtract the amount in line 12c from the amount in line 12d be met by the funding deadline?  Pert VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If yes No No No If Yes, enter the amount of any plan assets that reverted to the employer this year.  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If yes I No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to the PBGC?  If during this plan year, any assets or liabilities	d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud									
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of t	the benefits under the	e plan? (See	10e		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 170 hw as 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.  10	f	Has the plan failed to provide any benefit when due under the plan?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10f		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 170 hw as 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.  10	g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	,	10a		Х		***************************************		
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	h	If this is an individual account plan, was there a blackout period? (See	ee instructions and 2	9 CFR						···	
1   Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500).	i	If 10h was answered "Yes," check the box if you either provided the	required notice or or	e of the	10i						
Sthis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	Part	VI Pension Funding Compliance									
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	11	Is this a defined benefit plan subject to minimum funding requiremen							Yes	П	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.  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.  C Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?  b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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)  Caution: A penalty for the late or incomplete filling 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	12								Yes	X	No
C Enter the amount contributed by the employer to the plan for this plan year		If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pla	Mont							_
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)	b	Enter the minimum required contribution for this plan year				Г	12b				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	С	Enter the amount contributed by the employer to the plan for this pla	n year			Г	12c				
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	d						12d				
Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.  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.)  If ac(1) Name of plan(s):  If ac(2) EIN(s)  If ac(3) PN(s)  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	е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N	/A
Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.  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.)  If ac(1) Name of plan(s):  If ac(2) EIN(s)  If ac(3) PN(s)  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	Part	VII Plan Terminations and Transfers of Assets									
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior vea	r?					X Yes	П	No
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Г					0
which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  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	b	Were all the plan assets distributed to participants or beneficiaries, tr	ransferred to another	plan, or brought u	under	the co	ntrol		X Yes		No
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	С		this plan to another	plan(s), identify th	e pla	n(s) to	· · · · · · · · · · · · · · · · · · ·		<b>,</b>		
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	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			PN(	s)	
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											
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											
	Caut	on: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unless reasonabl	e cau	ise is	establ	ished.			
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.	SBo	Schedule MB completed and signed by an enrolled actuary, as well									
SIGN Den Mei Lee 10/11/10 John Knutsen Sr.	SIG	Alex Miles	10/11/10	John Knutse	en S	Sr.					
OTON TO THE PERSON OF THE PERS		·/	Date	Enter name of in	dividu	ıal sigi	ning as	plan admin	istrator		
p organizate or plant damministrator   Date   Linter halfile or individual organization	6101						<del></del>				
	HER	<u> </u>	Date	Enter name of in	dividu	ual sign	ning as	emplover o	r plan sp	onso	
/ Date   Little Hallie Of High administrator	SIG	<b>y</b> '									
SIGN/	HER	É Signature of employer/plan sponsor	Date	Enter name of in	dividu	ual sigi	ning as	employer c	r plan sp	onso	r