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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance wit	h the instructions to the Form 5500)-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010
Α.	This return/report is for: \square single-employer plan \square	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report				
	an amended return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under: Form 5558		DFVC program		
_	special extension (enter description	n)			
Do		,			
	Irt II Basic Plan Information—enter all requested information	ation		1h	Throo digit
	Name of plan MAN SEEKAMP, INC. PROFIT SHARING PLAN AND TRUST			ID	Three-digit plan number
HEIX	WAN SEEKAWII, INC. I KOITI SHAKING I EAN AND TROST				(PN) • 001
				1c	Effective date of plan
					12/31/1979
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
HERI	MAN SEEKAMP, INC.				(EIN) 36-1752430
1120	W. FULLERTON			2c	Plan sponsor's telephone number 630-628-6555
	SON, IL 60101			24	
				Zu	Business code (see instructions) 424500
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	e")	3b	Administrator's EIN
HERI	MAN SEEKAMP, INC. 1120 W. FÚL ADDISON, IL	LERTON	,		36-1752430
	ADDIGON, IL	2 00 10 1		3с	Administrator's telephone number
4 .	Character and the FIN of the other parameters about a discount of the last	-11 1	and Clad Condition In a sector the	41.	630-628-6555
	the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iame, Env, and the plan number non-the last retain, open. Opense	n o name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	44
b	Total number of participants at the end of the plan year			5b	38
C	Total number of participants with account balances as of the end of		:	JD	
U	complete this item)		•	5с	37
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No
	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				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.	
Pa	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	3211649)	3956728
b	Total plan liabilities	. 7b	С		118
С	Net plan assets (subtract line 7b from line 7a)	7c	3211649)	3956610
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		65556		
	(1) Employers	. 8a(1)		_	
	(2) Participants	. 8a(2)	281215	4	
	(3) Others (including rollovers)	. 8a(3)		_	
b	Other income (loss)	. 8b	428291		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			775062
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	29671		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)		430		
				\dashv	
g	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g			30101
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				744961
!	Net income (loss) (subtract line 8h from line 8c)				7,44901
J	Transfers to (from) the plan (see instructions)	8i			

	F	orm 5500-SF 2010 Page 2-								
Part	: IV	Plan Characteristics								—
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	aracteri	stic Co	des in	the instru	ction	ns:		
		2E 2F 2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in t	the instru	ction	S:		
art		Compliance Questions		T						
0		ng the plan year:	. —	Yes	No		An	nount		
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	d 10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					10000	000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraushonesty?	d 10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					118	825
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					863	384
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X					
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o						Yes	X	No
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C					ī	Yes	X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_		
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver								_
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	3.	-						
b	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d					
е	Will tl	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	l/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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 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	Filed with authorized/valid electronic signature.	04/08/2011	KENT W. BICKFORD
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

2010

This Form is Open to Public Inspection

	rt I Annual Report		iation						
For	For calendar plan year 2010 or fiscal plan year beginning and ending								
A 1	his return/report is for:	Single-employer plan	Γ	multiple-e	mployer plan (not multiemployer)	one-participant plan			
_	his return/report is for:	first return/report	Ī	final retur	n/report	_			
		an amended return/re	port 🖺	short plan	year return/report (less than 12 mor	nths)			
0.0	Check box if filing under:	Form 5558	·	automatic	extension	. 1	DFVC program	n	
•	Meck box if filling drider.	special extension (ent	 er descrinti			ı		•	
Shr	Mil™ Desia Dian Info	<u> </u>							
	•	rmation—enter all reque	istea intorn	nation		1h	Three-digit		
	Name of plan MAN SEEKAMP, INC. PROFI	T SHADING DI ANI AND T	DHET				plan number		
ПЕКІ	WAN SEEVANIE, INC. FROM	1 STAKING FLAN AND T	IXOO1				(PN))	001	
						1c	Effective date of		
					we deline relation had be	01.	12/31/19		
	Plan sponsor's name and add MAN SEEKAMP, INC.	dress (employer, if for sing	le-employe	r plan)			Employer Identific (EIN) 36-1752		
11111	MAN OLLIVANI, 1110.						Plan sponsor's te	lephone number	
	W. FULLERTON						630-628	-6555	
ADD	SON IL 60101					2d	Business code (se 424500	ee instructions)	
32	Plan administrator's name an	d addraga (if same as Plan	anongor .	onter "Come	, a)	3h	Administrator's E	INI	
SAM		u audiess (ii saille as riai	i aponaon,	cikei Gaille	•)	0.5	36-1752		
						3с	Administrator's te		
4 11	the control of the control		aluan éba 1		not flad for this plan system the	46	630-628-	-0000	
	the name and/or ⊑iN of the p lame, ElN, and the plan numi				port filed for this plan, enter the	4b	EIN		
						4c	PN		
5a	Total number of participants	at the beginning of the pla	n year			5a]	44	
b Total number of participants at the end of the plan year								38	
р	Total number of participants	at the end of the plan year		•••••		5b		30	
					ear (defined benefit plans do not				
С	Total number of participants complete this item)	with account balances as	of the end	of the plan y	ear (defined benefit plans do not	5с		37	
c 6a	Total number of participants complete this item)	with account balances as	of the end o	of the plan y ble assets?	ear (defined benefit plans do not(See instructions.)	5c			
c 6a	Total number of participants complete this item)	with account balances as	of the end	of the plan y ble assets? f an indepen	ear (defined benefit plans do not (See instructions.)	5c		37	
6a b	Total number of participants complete this item)	with account balances as of the during the plan year investite annual examination are (See instructions on waiw ther 6a or 6b, the plan ca	of the end of the eliginal report of eligibility	of the plan y ble assets? f an indepen and conditi	ear (defined benefit plans do not(See instructions.)	5c		37 X Yes No	
6a b	Total number of participants complete this item)	with account balances as of the during the plan year investite annual examination are (See instructions on waiw ther 6a or 6b, the plan ca	of the end of the eliginal report of eligibility	of the plan y ble assets? f an indepen and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ) ons.)	5c		37 X Yes No	
6a b	Total number of participants complete this item)	with account balances as of the during the plan year investite annual examination are (See instructions on waiw ther 6a or 6b, the plan ca	of the end of the eliginal report of eligibility	of the plan y ble assets? f an indepen and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	5c PA)		37 Yes No Yes No	
6a b	Total number of participants complete this item)	with account balances as of the account balances as of during the plan year investite annual examination are (See instructions on waive ther 6a or 6b, the plan canation	of the end	of the plan y ble assets? f an Indeper and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649	5c PA)		37 Yes No Yes No Yes No Of Year 3956728	
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the annual examination are (See instructions on waive there are or 6b, the plan canation	of the end of sted in eligi and report of er eligibility annot use i	of the plan y ble assets? f an indeper v and conditi Form 5500- 7a 7b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649	5c PA)		37 Yes No Yes No Yes 3956728 118	
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the annual examination are (See instructions on waive there are or 6b, the plan canation	of the end of sted in eligi and report of er eligibility annot use i	of the plan y ble assets? f an indeper v and conditi Form 5500- 7a 7b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649	5c PA)		37 Yes No Yes No Yes No Of Year 3956728	
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the annual examination are (See instructions on waive there are for 6b, the plan canation) To from line 7a)	of the end of sted in eligi and report of er eligibility annot use i	of the plan y ble assets? f an indeper v and conditi Form 5500- 7a 7b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649	5c PA)		37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination at P (See instructions on waive there are for 6b, the plan canation The plan canation of the plan canation of the plan canation of the plan year perivable from:	of the end of sted in eligi nd report of er eligibility unnot use i	of the plan y ble assets? f an indeper and conditi Form 5500- 7a 7b 7c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ) ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649	5c	(b) End c	37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination are (See instructions on waive there for or 6b, the plan contaction) are 7b from line 7a)	of the end	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount	5c PA) 00.	(b) End c	37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination are (See instructions on waive there is a or 6b, the plan canation To from line 7a)	of the end	of the plan y ble assets? f an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2)	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556	5c PA) 00.	(b) End c	37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination at P (See instructions on waive there are or 6b, the plan canation 2 To from line 7a)	of the end	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556	5c PA) 00.	(b) End c	37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination are (See instructions on waive there are or 6b, the plan canation The plan canation of the plan canation of the plan year period from the plan year period from:	of the end	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556	5c PA) 00.	(b) End c	37 Yes No Yes No Of Year 3956728 118 3956610	
6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination are (See instructions on waive there are for 6b, the plan canation a 7b from line 7a)	of the end	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281215	5c PA) 00.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	
6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of during the plan year investible annual examination are (See instructions on waive there is a or 6b, the plan canation a 7b from line 7a)	of the end	of the plan y ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556	5c PA) 00.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	
6a b Pa 7 a b c 8 a	Total number of participants complete this item)	with account balances as of the annual examination are (See Instructions on waive there for or 6b, the plan camation 2 To from line 7a)	of the end	of the plan y ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281218	5c PA) 000.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	
6a b Pa 7 a b c 8 a b c d	Total number of participants complete this item)	with account balances as or during the plan year invest the annual examination are (See instructions on waive there is a or 6b, the plan canation To from line 7a)	of the end	ble assets? fan indeper vand conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281215	5c PA) 000.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	
6a b Pa 7 a b c 8 a b c d e	Total number of participants complete this item)	with account balances as of during the plan year invest the annual examination at the annual examination at the factor of the plan canation To the factor of the plan canation To the plan canation To the plan year period of the plan year plan	of the end	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281218	5c PA) 000.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	
6a b Pa 7 a b c 8 a b c f	Total number of participants complete this item)	with account balances as or during the plan year invest the annual examination are (See instructions on waive there is a or 6b, the plan canation a 7b from line 7a)	of the end	of the plan y ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281218	5c PA) 000.	(b) End c	37 Yes No Yes No Yes No No Yes No No No No No No No No	
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants complete this item)	with account balances as of the annual examination are (See instructions on waive there is a or 6b, the plan canation are 7b from line 7a)	of the end	of the plan y ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d 8d	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 3211649 (a) Amount 65556 281218	5c PA) 000.	(b) End c	37 Yes No Yes No Yes No No Yes No No 118 3956610 Otal	

Page 2- 1	

Form	5500-	SE	201	in
	mmur		20	

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 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	An	nount
а	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correct			×		
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc on line 10a.)			х		
C	Was the plan covered by a fidelity bond?		Х			1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, or dishonesty?	that was caused by fraud		х	· · · · · · · · · · · · · · · · · · ·	
0	Were any fees or commissions paid to any brokers, agents, or other persons b insurance service or other organization that provides some or all of the benefits instructions.)	y an Insurance carrier, under the plan? (See	,			11825
f	Has the plan falled to provide any benefit when due under the plan?			Х		
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end	.)	X			86384
h	If this is an individual account plan, was there a blackout period? (See instructi 2520.101-3.)	ons and 29 CFR		х		
i	If 10h was answered "Yes," check the box if you either provided the required n exceptions to providing the notice applied under 29 CFR 2520.101-3					
Part	VI Pension Funding Compliance	1				,
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye 5500))					Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirement					Yes 🛛 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 granting the waiver. /ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	Month				
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		L	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e negative amount)			12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?	.,	,,,,,	Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted during the plan year or an	y prior year?		141333		Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this			13a		
b	of the PBGC?		********			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pl	an(s) to)		
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c(3) F			13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be a	ssessed unless reasonable ca	use is	establ	lshed.	
SBo	er penalties of perjury and other penalties set forth in the instructions, i declare to r Schedule MB completed and signed by an enrolled actuary, as well as the ele f, it is true, correct, and complete.	nat I have examined this return/reportering version of this return/reportering version of this return/reportering version of this return/reportering version of this return/reportering version versio	eport, i ert, and	ncluding to the i	g, if applicabl sest of my kn	e, a Schedule owledge and
SIG	N Kent Whalfel 4-7-	KENT W. BICKFOR	D			· · · · · · · · · · · · · · · · · · ·
HER		Enter name of Indivi	dual sig	ıning as	s plan admini	strator
SIG						
HER		Enter name of Indivi	dual sig	ining a	s employer o	r plan sponsor