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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Inform							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/20	10	and ending	12/31/2	2010		
Α .	This return/report is for:		multiple-e	employer plan (not multiemployer)		one-participar	nt plan	
В .	This return/report is for: first return/report	Ī	final retur	n/report		_		
	an amended return/re	eport	short plar	year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558	·	╡ :	extension	,	DFVC prograi	m	
•	special extension (en	L ter descripti		, exteriorer		B. vo program		
Do	<u> </u> `		,					
	nt II Basic Plan Information—enter all requal Name of plan	ested inforn	nation		1h	Three-digit		
	Name of plan NER & BONNER, PA 401K PLAN				10	plan number	004	
5011	MERCA BORNER, FACTORIC EAR					(PN) •	001	
					1c	Effective date of	•	
						12/01/20		
	Plan sponsor's name and address (employer, if for sing NER & BONNER, PA	gle-employe	r plan)		2b	Employer Identifi		
DOIN	NER & BONNER, PA				20	(EIN) 42-16/1 Plan sponsor's te		
	CRYSTAL GROVE BLVD				20	813-949	-6008	
LUIZ	Z, FL 33548				2d	Business code (s	see instructions)	
					01	541110		
3a BON	Plan administrator's name and address (if same as Pla NER & BONNER, PA		enter "Same AL GROVE		3b	Administrator's E		
		LUTZ, FL 3	3548		3c	Administrator's te	elephone number	
						Administrator's to 813-949	-6008	
	f the name and/or EIN of the plan sponsor has changed			port filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan number from the last return/rep	ort. Spons	or's name		4c	PN		
5a	Total number of participants at the beginning of the pla	n vear					2	
b	Total number of participants at the end of the plan year						2	
C	Total number of participants at the end of the plan year. Total number of participants with account balances as				- 30			
C	complete this item)				. 5c		2	
6a	Were all of the plan's assets during the plan year inve	sted in eligi	ble assets?	(See instructions.)			X Yes No	
b	Are you claiming a waiver of the annual examination a							
	under 29 CFR 2520.104-46? (See instructions on waiv			•			Yes No	
Pa	If you answered "No" to either 6a or 6b, the plan cart III Financial Information	annot use I	-orm 5500-	SF and must instead use Form 5	500.			
7				(a) Barinning of Year		(b) Fm d	-f V	
-	Plan Assets and Liabilities		7-	(a) Beginning of Year	76	(b) End	or rear 17904	
	Total plan assets Total plan liabilities							
C	Net plan assets (subtract line 7b from line 7a)			68	76		17904	
8	Income, Expenses, and Transfers for this Plan Year		7с			(b) Total		
а	Contributions received or receivable from:			(a) Amount		(D) 10	otai	
<u> </u>	(1) Employers		8a(1)	52	19			
	(2) Participants		8a(2)	499	92			
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	160	68			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				11879	
d	Benefits paid (including direct rollovers and insurance			Q	51			
	to provide benefits)			O				
e	Certain deemed and/or corrective distributions (see ins	,			_			
f	Administrative service providers (salaries, fees, commi	ssions)	8f					
g	Other expenses						05:	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				851	
į	Net income (loss) (subtract line 8h from line 8c)						11028	
ĺ	Transfers to (from) the plan (see instructions)		Qi					

	F	orm 5500-SF 2010 Page 2-							
Dar	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instru	ctior	ns:	
		2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instrud	ction	s:	
art	٧	Compliance Questions							
0	Durir	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 in 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 reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	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				
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				
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		Χ				
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		X				
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?		Yes	X No
	(If "Yes," 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 instru- ing the waiver							
lf v	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day.		16	aı	
		the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year				12c				
_	Subt	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)							
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes		No	X N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		s," enter the amount of any plan assets that reverted to the employer this year		Г	13a				

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

which assets or liabilities were transferred. (See instructions.)

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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.

Yes No

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	05/06/2011	BILL BONNER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/06/2011	BILL BONNER
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

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▶ 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

	Part I Annual Report Identification Information							
_Fo	or calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending	~~~~~	12/31/2010	···		
Α	This return/report is for:	multiple-	employer plan (not multiemployer)	Î	one-participant	olan		
	This return/report is for: first return/report	1	rn/report					
-	an amended return/report	_	n year return/report (less than 12 mor	(tion)				
_	H : H	4		· 1	7			
C	Check box if filing under: Form 5558		c extension		DFVC program			
,	special extension (enter descripti							
Р	art II Basic Plan Information—enter all requested inform	nation						
1a	Name of pian		A CONTRACTOR OF THE POST OF TH		Three-digit			
	BONNER & BONNER, PA 401K PLAN				plan number	0.01		
					(PN) •	001		
					1c Effective date of plan 12/01/2008			
2a	Plan sponsor's name and address (employer if for single-employer	r plan)				tian Number		
10.104	Plan sponsor's name and address (employer, if for single-employer BONNER & BONNER, PA	1		2b Employer Identification Number (EIN) 42-1671155				
			***	2c	Plan sponsor's tele	phone number		
	280 Crystal Grove Blvd				(813) 949-600			
	LUTZ		77 77 640	2d Business code (see instructions)				
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam	FL 33548	541110 3b Administrator's EIN				
	SAME	J.11.0. Odini	,	SD Administrator's EIN				
			[3c Administrator's telephone number				
1	If the name and/or EIN of the plan sponsor has changed since the la							
	name, EIN, and the plan number from the last return/report. Sponsor		eport filed for this plan, enter the	4b EIN				
	ACCUPATE OF S			4c	PN			
5a	Total number of participants at the beginning of the plan year							
b	b Total number of participants at the end of the plan year							
C	c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not							
	complete this item)	5c						
C-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
			(See instructions.)					
	Are you claiming a waiver of the annual examination and report of	an indepe	(See instructions.)ndent qualified public accountant (IQF	······································		X Yes No		
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	(See instructions.)ndent qualified public accountant (IQFions.)	'A)				
b	Are you claiming a waiver of the annual examination and report of	an indepe and condit	(See instructions.)ndent qualified public accountant (IQFions.)	'A)		X Yes No		
b	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	an indepe and condit	(See instructions.)	'A)	[X Yes No		
Pa	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 Fart III Financial Information	an indepe and condit orm 5500-	(See instructions.)ndent qualified public accountant (IQFions.)	'A) 0.		X Yes No X Yes No		
Pa	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets	an indepe and condit orm 5500- 7a	(See instructions.)	'A) 0.	[X Yes No		
Pa 7 a b	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets	an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA)	[Yes No X Yes No Year 17,904		
Pa 7 a b	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets	an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa 7 a b	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA)	[Yes No X Yes No Year 17,904		
Pa 7 a b c	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA)	(b) End of \	Yes No X Yes No Year 17,904		
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Pa 7 a b c	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 Fart 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	an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa 7 a b c	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa b c 8 a	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IQF ions.) (a) Beginning of Year (a) Beginning of Year 6,876 (a) Amount 5,219	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa b c 8 a b	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa 7 a b c 8 a b c d	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 Fart 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)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IQFions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Part Part Part Part Part Part Part Part	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa b c 8 a b c d e f	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No Year 17,904		
Pa b c 8 a b c d e f g	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No 7ear 17,904 11,879		
Pa b c 8 a b c d e f	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No Yes No Year 17,904 11,879		
Pa b c 8 a b c d e f g	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 Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year 6,876 (a) Amount 5,219 4,992	PA)	(b) End of \	Yes No X Yes No 7ear 17,904 11,879		

	Form 5500-SF 2010 Page 2- [***				
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of F 2E 2F 2G 2J 2K 3D	Plan Charac	teristi	c Codes	in the instr	ructions:	7	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of P	lan Charact	teristic	Codes	in the instr	uctions:		
Par	t V Compliance Questions							
10	During the plan year:	10-	١	es N	5	Amount		
	Was there a failure to transmit to the plan any participant contributions within the time period des 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1	0a	Х			1070	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)		0b	X				
C	Was the plan covered by a fidelity bond?	1	0c	Х	11			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?		0d	Х	1	***************************************	***	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance car insurance service or other organization that provides some or all of the benefits under the plan? (instructions.)	See	0e	Х				
f	Has the plan failed to provide any benefit when due under the plan?	1	Of	X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	 	0g	X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		0h	X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		Oi	X				
Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500))	and comple	ete Sc	hedule (SB (Form	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of						X No	
а	(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							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			Da	У	1641		
b	Enter the minimum required contribution for this plan year		,	12b				
	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••			Yes	No X	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 any prior year?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				8			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?	brought und	der the	control		☐ Yes [X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is which assets or liabilities were transferred. (See instructions.)	identify the p	plan(s) ta				
1	3c(1) Name of plan(s):			13c(2) E	EIN(s)	13c(3) F	N(s)	
22.30						1 (3)	(0)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless re	easonable c	ause	is estal	olished.			
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this it is true, correct, and complete.	this return/ is return/rep	report ort, ar	, includi nd to the	ng, if applic best of my	cable, a Sched knowledge a	lule nd	
SIGN	5-6-11 BILL I	BONNER					(6)	

Date

Date

5-6-11

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

BILL BONNER

HERE

SIGN HERE Signature_of-plan administrator

Signature of employer/plan sponsor