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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I	Annual Report Identification Information						
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
Α	This return/report is for: Single-employer plan multiple-employer plan (not multiemployer					one-participant plan		
		his return/report is for:						
_		an amended return/report	Short plan	n year return/report (less than 12 mo	nths)			
C	Chock h	<u> </u>	H .	, ,	/	DFVC program		
C						Dr vo program		
D	- H 11	special extension (enter descri	' '					
	art II	Basic Plan Information—enter all requested info	rmation		1h	Throe digit		
	Name	or pian ALTH LLC 401K PLAN			ID	Three-digit plan number		
1 00	ONTIL	ALTITLES FORCE LAIN				(PN) • 001		
					1c	Effective date of plan		
						01/01/2010		
		ponsor's name and address (employer, if for single-employ ALTH LLC	yer plan)		2b	Employer Identification Numbe (EIN) 27-0230578	r	
1 00	ONTIL	ALTITLES			2c	Plan sponsor's telephone numb	ner	
		VE CROSSING WAY, APT C4				734-846-1628		
υĽLI	AT DE	ACH, FL 33484			2d	Business code (see instructions	s)	
20	Diaman	desiriates to see a seed address (if some as Discourse		- "	2 h	621399		
FUS	ION HE		LAVE CROS	SING WAY, APT C4	30	Administrator's EIN 27-0230578		
		DELRAY	BEACH, FL 3	3484	3c	Administrator's telephone numl	oer	
					_	734-846-1628		
		me and/or EIN of the plan sponsor has changed since the EIN, and the plan number from the last return/report. Spor		eport filed for this plan, enter the	4b	EIN		
	name, L	int, and the plan number from the last return/report. Spor	isoi s name		4c	PN		
5a	Total r	number of participants at the beginning of the plan year			5a		2	
b	Total r	number of participants at the end of the plan year			5b		1	
С	Total r	number of participants with account balances as of the end	d of the plan	ear (defined benefit plans do not				
	compl	ete this item)			5c		1	
		all of the plan's assets during the plan year invested in eli	•	'		X Yes	No	
b		ou claiming a waiver of the annual examination and report 29 CFR 2520.104-46? (See instructions on waiver eligibil				X Yes □	No	
		answered "No" to either 6a or 6b, the plan cannot use	•	•				
Pa	rt III	Financial Information						
7	Plan A	Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total p	olan assets	7a			· · · · · · · · · · · · · · · · · · ·	000	
b	Total p	olan liabilities	7b					
		an assets (subtract line 7b from line 7a)			0	29	000	
8	Incom	e, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contril	butions received or receivable from:		12500	2			
	(1) Er	mployers						
	` ,	articipants	` '	16500	<u> </u>			
	` '	hers (including rollovers)	· · ·		_			
b		income (loss)		'	0	200	000	
C		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)				291	000	
d		ts paid (including direct rollovers and insurance premiums ride benefits)			0			
е	•	n deemed and/or corrective distributions (see instructions)						
f		istrative service providers (salaries, fees, commissions)						
g		expenses						
h		expenses (add lines 8d, 8e, 8f, and 8g)	_				0	
i		come (loss) (subtract line 8h from line 8c)				29	000	
i		ers to (from) the plan (see instructions)						
,								

Form 5500-SF 2010 Page 2-	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	iic Co	des in	ine inst	ructions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	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 year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
11	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	□ No
12		0))						1	
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA	? <u> </u>	Yes	^ No
а		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.	and e	enter th	ne date	of the le	etter ruli	ina
	grai	nting the waiver	th						
If y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			400				
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d	neg	etract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		-	12d				1
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	3	No	N/A
art	VII	Plan Terminations and Transfers of Assets						_	_
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		'es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under 	the co	ontrol 			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1	3c(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 assessed unless reasonab	le cau	ıse is	establ	ished.			
Во	r Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retriedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete.		,		·	,		
SIGI	F	iiled with authorized/valid electronic signature. 10/13/2011 JENNIFER SMR	TKA						

SIGN	Filed with authorized/valid electronic signature.	10/13/2011	JENNIFER SMRTKA
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

(FAX)

P.003/006

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2010

This Form is Open to Public

	Pension Benefit Gueranty Corporation	A Commission of autology to account				Inspec	stion
	lest Annual Banast 1	dentification information	rdance wit	h the instructions to the Form 550	U-8F.	<u> </u>	
	'art I Annuai Report I r calender plan year 2010 or fisc	cel pleasurer beginning	01/01/	2010 and ending		12/31/2010	
		=				_	_
A	This return/report is for:	single-employer plan	= '	employer plan (not multiemployer)		on e -participant p	nak
В	This return/report is for:	irst return/report	final retur	n/report			
		an amended return/report	short plan	n year return/report (less than 12 mc	nths)		
Ç	Check box if filing under:	X Form 5558	automatic	extension		DFVC program	
		apecial extension (enter descript	ion)	•			
	art li Basic Pian infor	mation—enter all requested infor					• " • • "
-	Name of plan	Traditor - enter an requested milor	INGLANI		16	Three-digit	
•	Fusion Health LLC	401k Plan			''	pian number	
	raston nearth bbc	WOLK LIGHT			ļ	(PN))	001
					1c	Effective date of pla	an
						01/01/2010	
2 a	Plan sponsor's name and add	ress (employer, if for single-employe	r plan)			Employer Identificat	
	Fusion Health LLC					(EIN) 27-02305	
	5463Enclave Crossi	ing Way, Apt C4			2C	Plan sponsor's tele; 734-846-162:	
					2d	Business code (see	
	Delray Beach	FL 33484				621399	monacacht)
3a	Plan administrator's pame and	i address (if same as Plan sponsor,	enter "Same	»")	3b	Administrator's EIN	
					<u> </u>	27-0230578	
	5463Enclave Crossi Delray Beach	ing Way, Apt C4 FL 33484			3C	Administrator's telej 734-846-162	
4		lan sponsor has changed since the I	det mitues/es	are tiled for this plan, enter the	4b		<u> </u>
		er from the last return/report. Spons		port mod for and plant, criter are	10	EIM	
					4c	PN	
5 a	Total number of participants a	at the beginning of the plan year			5a		2
		at the beginning of the plan year at the end of the plan year			5a 5b		2
b	Total number of participants a	at the end of the plan year		***************************************	5b		
b	Total number of participants a Total number of participants v complete this item)	at the end of the plan yearvith account balances as of the end	of the plan y	eer (defined benefit plans do not	5b 5c		
6a	Total number of participants a Total number of participants v complete this item)	at the end of the plan yearthe end with account balances as of the end during the plan year invested in eligi	of the plan y	vear (defined benefit plans do not	5b 5c		
6a	Total number of participants a Total number of participants we complete this item)	at the end of the plan yearwith account balances as of the end during the plan year invested in eligi the annual examination and report o	of the plan y ble assets? f an indeper	eer (defined benefit plans do not (See Instructions.)	5b 5c		1 Yes No
6a	Total number of participants a Total number of participants we complete this item)	at the end of the plan yearthe end with account balances as of the end during the plan year invested in eligible annual examination and report of (See instructions on walver eligibility).	of the plan y ble assets? f an indeper and condit	vear (defined benefit plans do not (See Instructions.)	5b 5c PA)		1
6a b	Total number of participants a Total number of participants were all of the plan's assets Are you claiming a waiver of tunder 29 CFR 2520.104-46? If you answered "No" to eith	at the end of the plan year	of the plan y ble assets? f an indeper and condit	vear (defined benefit plans do not (See Instructions.)	5b 5c PA)		1 Yes No
6a b	Total number of participants a Total number of participants v complete this item) Were all of the plan's assets Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you answered "No" to either the plan's assets If you are the plan's assets If you	at the end of the plan year	of the plan y ble assets? f an indeper and condit	eer (defined benefit plans do not (See Instructions.) dent qualified public accountant (icions.)	5b 5c PA)	[
6a b	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan Assets and Liabilities.	at the end of the plan year	of the plan y ble assets? f an indeper and conditi Form 5500-	vear (defined benefit plans do not (See Instructions.)	5b 5c PA)		
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Ga b	Total number of participants a Total number of participants v complete this item). Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eitart III Financial Inform Plan Assets and Liabilities Total plan assets	at the end of the plan year	ble assets? f an indeper and condit form 5500-	eer (defined benefit plans do not (See Instructions.) dent qualified public accountant (IC ions.)	5b 5c PA)	[29000
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Ga b	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan Assets and Liabilities. Total plan assets. Total plan liabilities. Net plan assets (subtract line income, Expenses, and Trans Contributions received or receit). Employers	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8e(1) 8e(2)	(a) Amount	5b 5c PA)	(b) End of	29000
Ga b	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan Assets and Liabilities. Total plan assets. Total plan liabilities. Net plan assets (subtract line income, Expenses, and Trans Contributions received or received.) Employers. (2) Participants	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8e(1) 8a(2) 8a(3)	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End of	29000
Pro c 8 a b	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan assets and Liabilities. Total plan assets (subtract line income, Expenses, and Trans Contributions received or received. Participants	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8e(1) 8a(2) 8a(3) 8b	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000
From the control of t	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan assets and Liabilities. Total plan assets	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8e(1) 8a(2) 8a(3) 8b	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000
Pro B B B B B B B B B B B B B B B B B B B	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan assets and Liabilities. Total plan assets	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8e(1) 8a(2) 8a(3) 8b	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000
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Pro B B B B B B B B B B B B B B B B B B B	Total number of participants a Total number of participants were all of the plan's assets. Were all of the plan's assets are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eitart III Financial Information Plan Assets and Liabilities. Total plan assets	at the end of the plan year	ble assets? f an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000
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From the control of t	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan assets and Liabilities. Total plan assets and Liabilities. Total plan assets (subtract line income, Expenses, and Trans Contributions received or received plan assets. (3) Others (including rollovers other income (loss). Total income (loss). Total income (add lines 8a(1), Benefits paid (including direct to provide benefits). Certain deemed and/or correct Administrative service provide Other expenses.	at the end of the plan year	7a 7b 7c 8e(1) 8a(2) 8a(3) 8b 8c 8f 8g	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000
Final Part of State o	Total number of participants a Total number of participants were all of the plan's assets. Are you claiming a waiver of tunder 29 CFR 2520.104-46? If you answered "No" to either art III Financial Informal Plan Assets and Liabilities. Total plan assets	at the end of the plan year	7a 7b 7c 8a(1) 8a(2) 8d	(See Instructions.) (See Instructions.) dent qualified public accountant (IC ions.). (a) Beginning of Year (a) Amount	5b 5c 5c	(b) End of	29000

	Form 5500-SF 2010	F	age 2-							
Pa	rt IV Plan Characteristics						•			•
9a	If the plan provides pension benefits, enter the applicable pension fea 2E 2J 2K 3D	ture codes from the	List of Plan Chan	acteris	tic Co	des in	the instru	uction	a :	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chare	cterist	ic Coc	les in 1	the instru	etions	i.	
Par	t V Compliance Questions									
10	During the plan year:	•			Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		x				
. b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		· · · · · · · · · · · · · · · · · · ·	10ь		х				
c	Was the plan covered by a fidelity bond?		**	10c		х				
d	Old the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		х				
9	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of thinstructions.)	e benefits under th	e plan? (See	10-		x				
f	Has the plan failed to provide any benefit when due under the plan?	+	************	10f		х				
9	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10a		х				
h	If this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3.			101						
Part	100000									
11	is this a defined benefit plan subject to minimum funding requirement 5500)).	s? (if "Yes," see in:	structions and com	plete :	3ched	uie SE	(Form	. [Yes	∏ No
If	Is this a defined contribution plan subject to the minimum funding req (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 a granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule M	e.) mortized in this pla B (Form 5500), an	in year, see instructionMont	ctions, th	and e	nter th	e date of	the id	itter rul	ling
	Enter the minimum required contribution for this plan year		•			12c		<u> </u>	<u> </u>	•
d		result (enter a mir	ius sign to the left (of a	'' -	12d		· ·		
	Will the minimum funding amount reported on line 12d be met by the				_		Yes	П	No [N/A
Part		_						1		•
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ar?					Т	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a	1			<u></u>
ь	Were all the plan assets distributed to participants or beneficiaries, tra	naferred to anothe	r plan, or brought u	under i	he co		•		1 ٧	⊠ No
C	of the PBGC?							L	1 100	Fi vo
	13c(1) Name of plan(s):				130	(2) El	N(s)		13c(3)	PN(s)
								"		
		·								
Cau	tion: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonabl	le cau	se is (establ	ished.			
SBc	er penalties of perjury and other penalties set forth in the instructions, if or Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have s the electronic ver	examined this return/i	rm/rep report,	ort, in and t	cluding o the t	g, if application	cable, y knov	a Sche viedge	edule and
sign Jennifer Smitha Jennifer S			nrtk	a						
	HERE Signature of plan administrator Date / D/(4/// Enter name of a			dividu	al slor	nina as	s plan adı	miniati	ator	
5IG					<u> </u>					
HEF		Date	Enter name of in	ıdividu	al sion	ning as	emplove	er or n	ian and	onsor
						/				