Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pt Inspection	iplic	
Part I	Annual Report Iden	tification Information					
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/20	009		
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
		a single-employer plan;	a DFE (s	pecify)			
B This	return/report is:	the first return/report;	the final r	eturn/report;			
		an amended return/report;	a short pl	an year return/report (less that	an 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here	-				
	k box if filing under:	Form 5558;		c extension;	the DFVC program;		
2 01100	M DOX II IIIIII G GIIGOI.	special extension (enter des		•			
Part	II Rasic Plan Inform	nation—enter all requested informa	. /				
	ne of plan	ation enter an requested informa	ation		1b Three-digit plan		
	'	SHARING PLAN & TRUST AGREE	MENT OF MAGNUM	M ASSOCIATES	number (PN) ▶	001	
					1c Effective date of plants	an	
20 Dlaw		· / · · · · · · · · · · · · · · · · · ·	-1		01/01/1987	4:	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)					2b Employer Identification Number (EIN)		
`	M ASSOCIATES, INC.	,			91-0989701		
					2c Sponsor's telephor	ne	
					number 206-782-0240		
	HILSHOLE AVE NW E, WA 98107	5422 SHIL	2d Business code (see				
SEATTE	L, WA 90107	SEATTLE, WA 98107			instructions)		
					531130		
Caution	: A penalty for the late or in	complete filing of this return/repor	t will be assessed	unless reasonable cause is	established.		
		enalties set forth in the instructions,					
statemer	nts and attachments, as well a	as the electronic version of this return	n/report, and to the b	est of my knowledge and beli	ef, it is true, correct, and com	nplete.	
01011	Filed with authorized/valid ele	octronia aignoturo	40/45/2040	EVELVALUATI			
SIGN HERE	riied with authorized/valid ele	ectionic signature.	10/15/2010	EVELYN HALL			
	Signature of plan adminis	trator	Date	Enter name of individual sig	gning as plan administrator		
01611							
SIGN HERE							
	Signature of employer/pla	n sponsor	Date	Enter name of individual sig	gning as employer or plan sp	onsor	
SIGN			I				

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)		P	age 2	2		
MA 542	Plan administrator's name and address (if same as plan sponsor, enter "Sar GNUM ASSOCIATES, INC. 22 SHILSHOLE AVE NW ATTLE, WA 98107	me")				91 3c Ac	dministrator's EIN -0989701 dministrator's telephone umber 16-782-0240
4 a	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report: Sponsor's name	n/repoi	t filed fo	r this	plan, enter the name, EIN	and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year					5	4
6	Number of participants as of the end of the plan year (welfare plans complete	te only	lines 6a	, 6b,	6c, and 6d).		
а	Active participants					. 6a	4
b	Retired or separated participants receiving benefits					6b	
С	Other retired or separated participants entitled to future benefits					. 6c	
d	Subtotal. Add lines 6a, 6b, and 6c					. 6d	4
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive	penefits.			. 6e	
f	Total. Add lines 6d and 6e					. 6f	4
g	Number of participants with account balances as of the end of the plan year complete this item)					. 6g	4
h	Number of participants that terminated employment during the plan year witless than 100% vested					6h	
7	Enter the total number of employers obligated to contribute to the plan (only	y multie	employer	plar	ns complete this item)	7	
_	If the plan provides pension benefits, enter the applicable pension feature of 2E f the plan provides welfare benefits, enter the applicable welfare feature code						
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor		(1) (2) (3) (4)	X	arrangement (check all that Insurance Code section 412(e)(3) Trust General assets of the sp	insuran oonsor	ce contracts
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan		Genera (1) (2)		hedules H (Financial Inform	nation) nation –	Small Plan)
	i dichase i lan Actuana illioiniation) - signed by the plan		(3)	Ш	A (Insurance Infor	mation)	

(4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

· ····································	mopeonon
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan AMENDED AND RESTATED PROFIT SHARING PLAN & TRUST AGREEMENT OF MAGNUM ASSOCIATES	B Three-digit 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNUM ASSOCIATES, INC.	D Employer Identification Number (EIN) 91-0989701

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	249214	205071
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	249214	205071
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	5857	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		5857
е	Benefits paid (including direct rollovers)	. 2e	50000	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		50000
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-44143
<u> </u>	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
е	Participant loans	3e	X		10800

Schedule I (Form 5500) 2009	Page 2- 1

OCITCULE 1 (1 01111 00001 200	Schedule I ((Form	5500	200
-------------------------------	--------------	-------	------	-----

			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		Χ			
			•	•			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully			X			
h	corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		^			
	year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		Х			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. [] Ye	es 🛚 N	No A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets o	or liabilities	were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5	b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210 - 0110 1210 - 0089

2009

This Form is Open to Public Inspection

Part	Annual Report Identification In						
For	calendar plan year 2009 or fiscal plan year beginnin	01/01/2	2009 8	and ending	12/31	/2009	
A Thi	s return/report is for: a multiemployer p	olan;		a multi	ple-employer plan	; or	
	X a single-employer	plan;		☐ a DFE	(specify)		
B Thi	s return/report is: the first return/rep				al return/report;		
2200	an amended retu	TENC CANALACTICAL		a shor	t plan year return/r	eport (less th	nan 12 months)
	ne plan is a collectively-bargained plan, check he	re	***************************************	П			P L
D Ch	eck box if filing under: X Form 5558;			autom	atic extension;	☐ the D	FVC program;
David		(enter description)		-			
Part		requested information			41. There shall		
	ame of plan JDED AND RESTATED PROFIT	CHADING DIAN	α		1b Three-digit plan number	(PN)	001
	RUST AGREEMENT OF MAGNUM		N		1c Effective dat		001
ος 11	TOT AGREEMENT OF MAGNOM	ADDOCIATED			01/01/		
2a PI	an sponsor's name and address (employer, if for	a single-employer plan)			2b Employer Ide		lumber (EIN)
	ddress should include room or suite no.)				91-098		
MAGI	NUM ASSOCIATES, INC.				2c Sponsor's te 206-78		nber
5422	2 SHILSHOLE AVE NW			8	2d Business co 531130	de (see instr	uctions)
E-120 WINS 1889	TTLE WA 2 SHILSHOLE AVE NW	98107					
SEA	TTLE WA	98107					
Cautio	n: A penalty for the late or incomplete filing of	this return/report will	be assessed ι	ınless reas	sonable cause is	established.	
	naities of perjury and other penalties set forth in the instructions, actronic version of this return/report, and to the best of my knowledge.			luding accomp	panying schedules, state	ments and attach	nments, as well
SIGN	Evelyn Onma Mas	10/15/2010	EVELYN	HALL			
HERE	Signature of plan administrator	Date	Enter name o	f individual	signing as plan ac	lministrator	
SIGN	Evelyn anna Hall	10/15/2010	EVELYN F	HALLL			
ILL	Signature of employer/plan sponsor	Date	Enter name o	f individual	signing as employ	er or plan sp	onsor
SIGN							
HENE	Signature of DFE	Date	Enter name o	f individual	signing as DFE		
For Pa	nerwork Reduction Act Notice and OMB Cont	rol Numbers, see the i	nstructions for	Form 550	00.	For	rm 5500 (2009)

V.092307.1

Page 2

Form 5500 (2)	009)
---------------	------

3a Plan administrator's name and address (If same as plan sponsor, enter " SAME					3b Administra	Administrator's EIN		
DA	ALI				3c Administra	ator's	telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last r	return/report	fil	ed for this plar	n, enter the nam	ie,	4b EIN	
	EIN and the plan number from the last return/report:							
a	Sponsor's name						4c PN	
5	Total number of participants at the beginning of the plan year	-	-			5	4	
6	Number of participants as of the end of the plan year (welfare plans con	nplete only l	ine	es 6a, 6b, 6c, a	nd 6d).			
а	Active participants					6a	4	
b	Retired or separated participants receiving benefits					6b		
	Other retired or separated participants entitled to future benefits					6c		
d	Subtotal. Add lines 6a, 6b, and 6c					6d	4	
е	Deceased participants whose beneficiaries are receiving or are entitled					6e	1	
f	Total. Add lines 6d and 6e					6f	4	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans						4	
h	complete this item) Number of participants that terminated employment during the plan year with accrued benefits that were less than							
n								
7	100% vested		6h					
	complete this item)					7		
	If the plan provides pension benefits, enter the applicable pension feature					Code	es in the instructions:	
2E								
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes fron	n t	he List of Plan	Characteristic (Codes	s in the instructions:	
	*							
92	Plan funding arrangement (check all that apply)	9h Plan h	nor	nefit arrangeme	ent (check all th	at ann	olv)	
Ja	(1) Insurance	(1)	\Box	Insurance	ent (eneck an tri	at app	Siy)	
	(2) Code section 412(e)(3) insurance contracts	(2)	H		n 412(e)(3) insur	ance	contracts	
	(3) X Trust	(3)	X		, , , ,			
	(4) General assets of the sponsor	(4)	П		ets of the spons	or		
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	are attache	d,	and, where inc	licated, enter th	e nun	nber attached.	
2	Pension Schedules	b Gene	ers	al Schedules				
a	(1) R (Retirement Plan Information)	(1)	П	Н	(Financial Info	rmatic	an)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		X	1			on - Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan	(3)	Ħ	Α	(Insurance Inf			
	actuary	(4)	Н	— °C	(Service Provi			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	П	D			Plan Information)	
	Information) - signed by the plan actuary	(6)	П	G	The second secon	1000	on Schedules)	
	Property and the second							

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A Name of plan

For calendar plan year 2009 or fiscal plan year beginning

Financial Information - Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

and ending

01/01/2009

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

001

12/31/2009

plan number (PN)

B Three-digit

AM	ENDED AND RESTATED PROFIT SHARING PLA	N		75.0	1400		
C F	Plan sponsor's name as shown on line 2a of Form 5500			D	Emp	oloyer l	dentification Number (EIN)
MA	GNUM ASSOCIATES, INC.				9:	L-09	89701
	nplete Schedule I if the plan covered fewer than 100 participants as of the filing as a small plan under the 80-120 participant rule (see instructions). C						
-	art I	ompiete	Scriedule II II	eportin	y as a	alaige	plan of Di L.
	ort below the current value of assets and liabilities, income, expenses, training	nefere an	d changes in r	net asse	ts di	ring the	e plan year. Combine the
valu	e of plan assets held in more than one trust. Do not enter the value of the	portion o	f an insurance	contra	ct tha	t guara	antees during this plan year to
pay	a specific dollar benefit at a future date. Include all income and expenses payments/receipts to/from insurance carriers. Round off amounts to the	of the pla	an including ar				
1	Plan Assets and Liabilities:	200 E (1)	(a) Begin				(b) End of Year
a	Total plan assets	1a		24	923	L4	205071
b	Total plan liabilities	1b					
С	Net plan assets (subtract line 1b from line 1a)	1c		24	923	L4	205071
2	Income, Expenses, and Transfers for this Plan Year:	2000	(a) A	mount			(b) Total
а	Contributions received or receivable:		Walter Street				
	(1) Employers	2a(1)				74.54	
	(2) Participants	2a(2)					
	(3) Others (including rollovers)	2a(3)					
b		2b					
С	Noncash contributions Other income SEE STATEMENT 1	2c			585	57	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d			J.E.M		5857
е	Benefits paid (including direct rollovers) SEE STATEMENT 2	2e		5	000	00	
f	Corrective distributions (see instructions)	2f					
g	Certain deemed distributions of participant loans (see instructions)	2g				1	
h	Administrative service providers (salaries, fees, and commissions)	2h					
i	Other expenses	2i				Ť	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j					50000
k	Net income (loss) (subtract line 2j from line 2d)	2k				170	-44143
_1	Transfers to (from) the plan (see instructions)	21	10.00		1.75		
3	Specific Assets: If the plan held assets at anytime during the plan year value of any assets remaining in the plan as of the end of the plan year. At the assets of more than one plan on a line-by-line basis unless the trust remaining the plan as of the end of the plan year.	in any of Allocate the neets one	the following one value of the of the of the specific contracts.	ategorie plan's c excep	es, ch intere tions	neck "Y est in a descri	'es" and enter the current commingled trust containing bed in the instructions.
			7			No	Amount
а	Partnership/ioint venture interests			За		X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

b Employer real property

Real estate (other than employer real property)

Employer securities

Schedule I (Form 5500) 2009

X

X

X

3b

3c

3d

v.092308.1

10800

d

Participant loans

Schedule I (Form 5500) 2009

			Yes	No	Amount	
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		X		
						_
_	rt II Compliance Questions					
4	During the plan year:		Yes	No	Amount	20001
а	Was there a failure to transmit to the plan any participant contributions within the time	0		MA.		100
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures	QUALIT	The state	18,60		
	until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the			315		feet
	close of the plan year or classified during the year as uncollectible? Disregard participant	4860	100			3) 10 3
	loans secured by the participant's account balance	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as	4c	465	Х		
-1	uncollectible?	40	Schools	75	A STATE OF THE PARTY OF THE PARTY.	water find
u	Were there any nonexempt transactions with any party-in-interest? (Do not include	Anl	104182	X	Part Walt from the State of The State of	14.000
_	transactions reported on line 4a.)	4d		X		_
	Was the plan covered by a fidelity bond?	4e	DOMESTIC OF THE PARTY OF THE PA	A I	an equal tels flower tels is a way.	CALIFIA
Ť	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was	9/000	near se	X	3016000024VG) 0000E9 GB2	(93/4/47)
	caused by fraud or dishonesty?	4f	WAS SECTION	Δ	THE ATTEMPT OF THE PARTY OF THE	(4375)-1
g	Did the plan hold any assets whose current value was neither readily determinable on an	MEN'S	E-seniore	Х		04.14.14
h	established market nor set by an independent third party appraiser?	4g	State	A.		E(4.0kg)
h		4h	1144	Х		ed well
	determinable on an established market nor set by an independent third party appraiser?	4h	- 100	A.	With the Address of the Carlotte	N. Tibri
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,	41		X		district.
	mortgage, parcel of real estate, or partnership/joint venture interest?	4i	L-08254	JA SERVE		15000
J	Were all the plan assets either distributed to participants or beneficiaries, transferred to	41	012540	X		
L	another plan, or brought under the control of the PBGC?	4j	15360	- 21		
r.	Are you claiming a waiver of the annual examination and report of an independent qualified		1	Night		
	public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or	4k	X	1100 X		
1	2520.104-50 statement. (See instructions on waiver eligibility and conditions.) Has the plan failed to provide any benefit when due under the plan?	41		X	BEACH CHARLES LAPETED A	
	If this is an individual account plan, was there a blackout period? (See instructions and 29	095	Neggy	3856.0	SEED OF THE CONTROL OF	Minhs.
	055 0500 101 0	4m	232	x		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or	4111	JUNE,	0.018		E 421
	one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	-	x		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year		es " er		amount of any plan asse	ts tha
			Amo			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s	72-1000-00			s) to which assets or liabil	lities
	were transferred. (See instructions.)	,,,		o p.a(9, 10 1111011 1100010 01 111101	2007070
	5b(1) Name of plan(s)	5h	(2) EIN	V(s)	5b(3) PN	J(s)
	SD(1) Name of plants	-	/(=/ ===	*(0)	55(6)11	.(0)
				110-00-0		

SCHEDULE I	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER INTEREST	5857.		
TOTAL TO SCHEDULE I, LINE 2C		58	57.
SCHEDULE I	BENEFITS PAID	STATEMENT	2
DESCRIPTION		AMOUNT	
PAYMENTS DIRECTLY TO PARTICIPANTS	G OR BENEFICIARIES	500	00.
TOTAL TO SCHEDULE I, LINE 2E		500	00.