Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporatio	on	 Complete all entries in accordance 	rdance wit	h the instructions to the Form 550	0-SF.				
			entification Information							
For	calendar plan year 2009 o	r fisca	l plan year beginning 07/01/200	09	and ending 0	06/30/2	2010	_		
Α.	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:									
			an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:		Form 5558	automatio	extension		DFVC program			
	-	Ī	special extension (enter descripti	on)			_			
Pa	art II Basic Plan In	form	nation—enter all requested inform					_		
	Name of plan		iarer emegacica illioni	iation		1b	Three-digit	_		
	O BOULEVARD PROFIT	SHAR	ING PLAN				plan number			
							(PN) • 001			
						1c	Effective date of plan			
	<u> </u>					O.L.	07/01/1998			
	Plan sponsor's name and ARY CLUB OF COLUMBIA		ss (employer, if for single-employe	r plan)		2D	Employer Identification Number (EIN) 91-1362019			
IXO I	AIT OLOB OF OOLOWBIA	\ OLIV	TER			2c	Plan sponsor's telephone number	 r		
	WEST JOHN DAY AVENU	UE					509-783-2416			
KENI	NEWICK, WA 99336					2d	Business code (see instructions)			
32	Dian administrator's name	and a	address /if same as Dlan spensor	antor "Com	2"\	2h	813000 Administrator's EIN			
	ARY CLUB OF COLUMBIA		address (if same as Plan sponsor, e TER 6222 WEST			30	91-1362019			
			KENNEWIC	K, WA 993	36	3с	Administrator's telephone number	r		
							509-783-2416	_		
			n sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN			
	name, Env, and the plan hi	umber	from the last return/report. Spons	or s name		4c PN				
5a	Total number of participar	nts at t	the beginning of the plan year			5a	17			
b	Total number of participar	5b	1							
С			h account balances as of the end of			35	''			
						5c	1:	2		
6a	Were all of the plan's ass	sets du	uring the plan year invested in eligil	ole assets?	(See instructions.)		X Yes N	Ю		
b					ndent qualified public accountant (IQ		V voc □ N	ما		
		•			ions.)		X Yes N	.0		
Pa	rt III Financial Info			-01111 3300-	SF and must instead use Form 55	00.		_		
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End of Year	_		
=	Total plan assets	3		7a	(a) Beginning of Year	7	22587	8		
b	rotal plan accolori				202101		22301	_		
C	•		o from line 7a)		202707	7	22587	8		
8	Income, Expenses, and T			70	(a) Amount		(b) Total	_		
а	Contributions received or				(a) Amount		(b) Total			
_				8a(1)	3669	5				
	(2) Participants			8a(2)	4070)				
	(3) Others (including rollo	overs).		8a(3)						
b	Other income (loss)			8b	29300	0				
С	Total income (add lines 8	a(1), 8	8a(2), 8a(3), and 8b)	8c			3703	5		
d	. \		ollovers and insurance premiums		11201	_				
•			up distributions (see instructions)	8d	11399	_				
e f			ve distributions (see instructions)							
			s (salaries, fees, commissions)		040					
g	•		o. 9f and 8a)		2469	9	1386	4		
h i			e, 8f, and 8g)				2317			
i			8h from line 8c)e instructions)				2317			
J	mandidio to (monin) the pic	uii (36	oo aouoi.o,	8i	1					

Part IV	Plan	Charac	teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

2E 2J 2K 3D

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

D	if the plan provides welfare bene	tits, enter the applicable welfare tea	ture codes from the	List of Plan Charac	terist	ic Co	des in i	tne instru	ctions		
art	t V Compliance Question	ons									
0	During the plan year:			Yes	No		Amo	ount			
а	Nas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)									
С	Was the plan covered by a fide		10c	Χ					40000		
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е	insurance service or other organ	paid to any brokers, agents, or other nization that provides some or all of the	he benefits under th	e plan? (See							
f	Has the plan failed to provide ar	ny benefit when due under the plan?			10f		X				
g	Did the plan have any participar	nt loans? (If "Yes," enter amount as o	of year end.)		10g		X				
h	•	an, was there a blackout period? (Se			10h		X				
i		ck the box if you either provided the ce applied under 29 CFR 2520.101-3			10i						
art	VI Pension Funding Co				101						
1		ject to minimum funding requiremen	ts? (If "Yes," see ins	structions and comp	lete	Sched	lule SE	3 (Form		 1 .,	□
	5500))									Yes	X No
2	Is this a defined contribution pla	in subject to the minimum funding re	quirements of section	on 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	(If "Yes," complete 12a or 12b, 1	2c, 12d, and 12e below, as applicab	le.)								
а	If a waiver of the minimum funding	ng standard for a prior year is being	amortized in this pla	n year, see instruct	ions,	and e	enter th	ne date of	the le	tter ruli	ng
14.	-	to lines 2.0 and 40 of Cabadala N			n		Day		Yea	ır	
		ete lines 3, 9, and 10 of Schedule N		-			12b				
	•	tribution for this plan year				T	12c				
	-	the employer to the plan for this plan from the amount in line 12b. Enter the	•								
u			•	-			12d				_
е	Will the minimum funding amour	nt reported on line 12d be met by the	funding deadline?.					Yes	1	No	N/A
art	VII Plan Terminations	and Transfers of Assets									
3a	Has a resolution to terminate the	e plan been adopted during the plan	year or any prior yea	ar?		<u>-</u>				Yes	X No
	If "Yes," enter the amount of any	plan assets that reverted to the emp	oloyer this year				13a				
b	Were all the plan assets distribu of the PBGC?	ted to participants or beneficiaries, tr	ansferred to anothe	r plan, or brought u	nder	the co	ntrol			Yes	X No
С	If during this plan year, any assemblich assets or liabilities were to	ets or liabilities were transferred from ransferred. (See instructions.)	this plan to anothe	plan(s), identify the	e plar	n(s) to	١				
1	13c(1) Name of plan(s):						c(2) El	N(s)		13c(3)	PN(s)
									_		
aut	tion: A penalty for the late or inc	complete filing of this return/repor	t will be assessed	unless reasonable	cau	se is	establ	ished.			
Inde B o	er penalties of perjury and other por Schedule MB completed and sig	enalties set forth in the instructions, I	declare that I have	examined this retur	n/rep	ort, ir	cludin	g, if appli			
elief	ef, it is true, correct, and complete.		T	T							
SIGI	Filed with authorized/valid ele	ctronic signature.	12/10/2010	MICHAEL ATCHIS	SON						

Date

Date

Enter name of individual signing as plan administrator

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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2009

OMB Nos. 1210-0110

1210-0089

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

	art I Annual Report Identification Information	0770170	000			06/20/2010				
Foi		07/01/2		and ending		06/30/2010				
Ä	This return/report is for:	multiple-e	mployer plan (ı	not multiemployer)	one-participant plan					
В	This return/report is for: first return/report	final retur	n/report							
•	an amended return/report	short plar	ı year return/re	oort (less than 12 mor	nths)					
С	Check box if filing under: Form 5558	automatic	extension			DFVC program				
	special extension (enter descript	ion)								
P	art II Basic Plan Information—enter all requested inform	nation								
1a	Name of plan				1b	Three-digit				
	Bingo Boulevard Profit Sharing Plan					plan number (PN) • 001				
						Effective date of plan				
					07/01/1998					
2a	Plan sponsor's name and address (employer, if for single-employe Rotary Club of Columbia Center	r plan)			2b Employer Identification Number					
	Rotary Club of Columbia Center				(EIN) 91-1362019					
					2C	Plan sponsor's telephone number (509) 783-2416				
	6222 West John Day Avenue				2d Business code (see instructions					
	Kennewick			99336		813000				
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam	e")		3b	Administrator's EIN				
					3c	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has been sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has changed since the large and the plan sponsor has been sponsor and the plan sponsor has changed since the large and the plan sponsor has been sponsor sponsor ha		port filed for thi	s plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spons	or s name			4c	PN				
5a	Total number of participants at the beginning of the plan year				5a	17				
b	Total number of participants at the end of the plan year				5b	19				
С	Total number of participants with account balances as of the end of				<u>.</u>	1.0				
	complete this item)				5c	12				
	Were all of the plan's assets during the plan year invested in eligi		•	The second secon		X Yes No				
D	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use i									
P	art III Financial Information	Turke area latin Mila								
7	Plan Assets and Liabilities	900000000000000000000000000000000000000	(a) Be	ginning of Year	<u> </u>	(b) End of Year				
а	Total plan assets	7a		202,70	7	225,878				
b	Total plan liabilities	7b				S. Contractive Con				
С	Net plan assets (subtract line 7b from line 7a)	. 7с		202,70	7 225					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	3,66		5					
	(2) Participants	8a(2)		4,07	-					
	(3) Others (including rollovers)				70					
b	Other income (loss)			29,30						
C			Listing Control Ville		- k 1000 v	37,035				
d	Benefits paid (including direct rollovers and insurance premiums			en sessita et minimumoto ocas et ilicia il	175.2					
	to provide benefits)	<u>8d</u>		11,39	븨					
е	ertain deemed and/or corrective distributions (see instructions) 8e									
f	ministrative service providers (salaries, fees, commissions) 8f									
g	·		exercise de l'experience de l'exercise de l'	2,46	9					
h						13,864				
i	Net income (loss) (subtract line 8h from line 8c)		1 X X X X X X X X X X X X X X X X X X X			23,171				
]	Transfers to (from) the plan (see instructions)	·· 8j	1		× 12					

	Form 5500-SF 2009 Pag	ge 2-						
×01 2 5								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the Li 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the Lis							
agaria e s						<u></u>		
Part					· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:		Yes	No	A	mount		
а	Was there a failure to transmit to the plan any participant contributions within the time peric 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program		Da	x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	·						
	on line 10a.)	10)b	X				
C	Was the plan covered by a fidelity bond?	10	Oc X			40,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca or dishonesty?)d	Х				
ė	insurance service or other organization that provides some or all of the benefits under the	plan? (See				,		
_	instructions.)	.	De	Х				
f	Has the plan failed to provide any benefit when due under the plan?	1	0f	X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	ļ <u>. </u>)g	X				
h	2520.101-3.)	10)h	Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3		0i			enkalanias eta ka		
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru	·				☐ Yes ☒ No		
12	ls this a defined contribution plan subject to the minimum funding requirements of section					Yes X No		
а	granting the waiver.	Month _						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	•	Γ-		r			
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			12c				
d	negative amount)		L	12d		L NIC D NIZA		
Sales all the a	Historia				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 any prior year?	?	F		<u> </u>	Yes X No		
- 1-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another p of the PBGC?					Yes X No		
	If during this plan year, any assets or liabilities were transferred from this plan to another pl which assets or liabilities were transferred. (See instructions.)	lan(s), identify the p	plan(s) to) 		 		
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)		
Court	tion. A populty for the late or incomplete filling of this retirem/seport will be appeared up	laas rassanahla	oguno lo	ootobl	liohod	1		
Unde SB c	tion: A penalty for the late or incomplete filing of this return/report will be assessed under penalties of perjury and other penalties set forth in the instructions, I declare that I have experienced by an enrolled actuary, as well as the electronic version of the true, correct, and complete.	camined this return.	/report, ir	ncludin	g, if applicab			
		JAMES E. SAV	SAVELLI					
SIG HEF			individual signing as plan administrator					
.	324 1	JAMES E. SAVELLI						
SIG HEF	" Junta	Enter name of indiv		mina c	s employer o	r nlan enoneor		
zgoji unive	Date//////	Litter Hattie Of ITIUN	vidual SIŲ	miny a	o ciribioaci O	י אומנו שאיטוושטו		

Enter name of individual signing as employer or plan sponsor