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

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance witl	h the instructions to the Form 5500	0-SF.	.	peodon
Pa	art I Annual Repor	t Identification Information					
For	calendar plan year 2010 or		10	and ending 0	2/28/	2011	
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
	This return/report is for:	first return/report	final retur			ш	·
	This return/report is for.	an amended return/report	<u></u>	year return/report (less than 12 mor	othe)		
•			<u> </u>		11113)	П вемо	
C	Check box if filing under:	Form 5558	_	extension		DFVC progra	am
		special extension (enter description	on)				
Pa	rt II Basic Plan Inf	ormation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
BING	O BOULEVARD PROFIT S	HARING PLAN				plan number	001
					10	(PN)	f mlan
					10	Effective date o 07/01/1	
2a	Plan snonsor's name and a	ddress (employer, if for single-employer	r nlan)		2h	Employer Identi	
ROTA	ARY CLUB OF COLUMBIA	CENTER	ι ριατή			(EIN) 91-136	
					2c	Plan sponsor's t	telephone number
	WEST JOHN DAY AVENU NEWICK, WA 99336	E				509-78	
					2d	Business code (813000	(see instructions)
32	Dlan administrator's name	and address (if same as Plan sponsor, e	anter "Same	۵")	3h	Administrator's	
	ARY CLUB OF COLUMBIA	CENTER 6222 WEST	JOHN DAY	Y AVENUE	35	91-136	
		KENNEWIC	K, WA 993	36	3с	Administrator's	telephone number
						509-78	3-2416
		e plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
ı	name, Eliv, and the plan hur	mber from the last return/report. Sponso	or s name		4c	PN	
5a	Total number of participant	s at the beginning of the plan year			5a		19
b		s at the end of the plan year			5b		
		• •		:	อม		
С	•	s with account balances as of the end o		•	5c		(
6a	<u> </u>	ets during the plan year invested in eligib				1	X Yes N
b	•	of the annual examination and report of		'			
		6? (See instructions on waiver eligibility					X Yes N
		either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.		
Pa	rt III Financial Info	rmation		T			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	225878	3		
b	Total plan liabilities		7b				
С	Net plan assets (subtract li	ne 7b from line 7a)	7с	225878	3		(
8	Income, Expenses, and Tra	ansfers for this Plan Year		(a) Amount		(b) 1	Γotal
а	Contributions received or re		- 4.0				
				4.450	_		
	(2) Participants		8a(2)	1450	<u>'</u>		
	(3) Others (including rollov	/ers)	8a(3)		4		
b	Other income (loss)		8b	37836	5		
С	Total income (add lines 8a	(1), 8a(2), 8a(3), and 8b)	8c				39286
d		ect rollovers and insurance premiums		263830			
_			<u>8d</u>		+		
e		rective distributions (see instructions)			\dashv		
f	Administrative service prov	riders (salaries, fees, commissions)	8f				
g	Other expenses		8g	1334			
h	Total expenses (add lines	8d, 8e, 8f, and 8g)	8h				265164
i	Net income (loss) (subtract	line 8h from line 8c)	8i				-225878
j	Transfers to (from) the plan	n (see instructions)	8j				

For	rm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

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

art	V Compliance Questions								
0	During the plan year:		Yes	No		An	nount		
а	Was 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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	X					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?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)								
f	Has 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		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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	10i							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.	. [Yes	X 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 in this plan year, see instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year								
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		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?		<u></u>				Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plaı	n(s) to			1			
13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable								
B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.								
	Filed with authorized/valid electronic signature 05/20/2011 IAMES E SAVEL	11							

SIGN	Filed with authorized/valid electronic signature.	05/20/2011	JAMES E. SAVELLI
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

Enr	rt I Annual Report Identification Information			- (na /na /			
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 02/28/2011							
Ат	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan			
Вт	This return/report is for:						
	$\overline{\mathbb{X}}$ an amended return/report	short plan	year return/report (less than 12 mon	ths)			
C	Check box if filing under: Form 5558	DFVC program					
- \	special extension (enter description	n)		_			
Pa	rtil Basic Plan Information—enter all requested informa	ation		:			
	Name of plan			1b Three-digit			
BING	O BOULEVARD PROFIT SHARING PLAN			plan number			
			,	(PN) 1001			
				07/01/1998			
	Plan sponsor's name and address (employer, if for single-employer ARY CLUB OF COLUMBIA CENTER	plan)		2b Employer Identification Number (EIN) 91-1362019			
				2c Plan sponsor's telephone number 509-783-2416			
	WEST JOHN DAY AVENUE NEWICK WA 99336			2d Business code (see instructions)			
-20	Displaying interests a name and address //f name as Displaying	ntor "Como	<i>n</i>)	813000 3b Administrator's EIN			
SAM	Plan administrator's name and address (if same as Plan sponsor, e E	niei Saille	<i>√</i> J	91-1362019			
				3c Administrator's telephone number 509-783-2416			
4 Ii	f the name and/or EIN of the plan sponsor has changed since the last	st return/re	port filed for this plan, enter the	4b EIN			
1	name, EIN, and the plan number from the last return/report. Sponso	ıı sııame	(4c PN			
5a	Total number of participants at the beginning of the plan year			5a 19			
	Total number of participants at the end of the plan year			5b 0			
	Total number of participants with account balances as of the end or complete this item)	f the plan y	ear (defined benefit plans do not	5c 0			
62							
	Were all of the plan's assets during the plan year invested in eligib			X Yes ☐ No			
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	le assets? an indepen	(See instructions.)dent qualified public accountant (IQI	PA)			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	le assets? an indepen and conditi	(See instructions.)dent qualified public accountant (IQI ons.)	PA) 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 If you answered "No" to either 6a or 6b, the plan cannot use F	le assets? an indepen and conditi	(See instructions.)dent qualified public accountant (IQI ons.)	PA) 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 Frt III Financial Information	le assets? an indepen and conditi	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55	PA) Yes No.			
Pa 7	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 Frt III Financial Information Plan Assets and Liabilities	le assets? an indepen and conditi orm 5500-	(See instructions.)dent qualified public accountant (IQI ons.)	PA) Yes No No (b) End of Year			
Pa 7 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 F rtill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indeper and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year	PA) Yes No No (b) End of Year			
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 Frt III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year	(b) End of Year			
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 F rtill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878	(b) End of Year 0 00.			
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 Frt III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities	le assets? an indepen and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 556 (a) Beginning of Year 225878	(b) End of Year			
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 Frtill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indeper and conditi orm 5500-	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 225878 (a) Amount	(b) End of Year (b) Total			
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 F It 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	le assets? an indeper and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2)	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878	(b) End of Year (b) Total			
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 F It 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	le assets? an indeper and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2)	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount	(b) End of Year (b) Total			
Pa 7 a 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 Frtill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 225878 (a) Amount	(b) End of Year (b) Total			
Pa 7 a 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 Frill Financial Information Plan Assets and Liabilities Total plan assets 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)	le assets? an indepen and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount	(b) End of Year (b) Total			
Pa 7 a 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 Frtill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount	(b) End of Year (b) Total 39286			
Pa 7 a 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 Frill Financial Information Plan Assets and Liabilities Total plan assets 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	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount 1450	(b) End of Year (b) Total 39286			
Pa 7 a 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 F Ttill Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indepen and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount 1450	(b) End of Year (b) Total 39286			
Pa 7 a 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 F rt 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) Certain deemed and/or corrective distributions (see instructions)	le assets? an indepen and conditi orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount 1450	(b) End of Year (b) Total 39286			
Pa 7 a b c 8 a b c 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 F rtill 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) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? an indepen and conditi orm 5500- .	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount 1450	(b) End of Year (b) Total 39286			
Pa 7 a 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 F rt 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 (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 55 (a) Beginning of Year 225878 (a) Amount 1450	(b) End of Year (b) Total 39286			

	Form 5500-SF 2010 Page 2-						
Pat	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 2J 2K 3D	acteris	tic Co	des in	the instruction	is:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	ic Cod	des in 1	he instruction	s:	
Par	Compliance Questions						
10	During the plan year:		Yes	No	An	nount	
	Was 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)	10a		Х		•	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
С	Was the plan covered by a fidelity bond?	10c	Х			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?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
ç	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
r	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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	10i					
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	X No
а	(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 in this plan year, see instrugranting the waiver	ctions	, and e	enter tl Dav	ne date of the	letter rulir ear	ng
H	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		L	12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
C	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			·····
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	······			Yes	No	N/A
Par	t 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?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		•••••	•••••		X Yes	☐ No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	ın(s) to) 	·		
13c(1) Name of plan(s):				3c(2) E	IN(s)	13c(3)	PN(s)
							·····
Ca	ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ble ca	use is	estab	lished.		

belief, it is true, correct, and complete.

SIGN	JAMES E. SAVELLI			
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

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 encolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and