## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2010

1 611310	on Benefit Guaranty Corporation				This Form is Open to Pu Inspection	ıblic		
Part I	Annual Report Iden	tification Information						
For cale	ndar plan year 2010 or fiscal p			and ending 12/31/2	2010			
<b>A</b> This	return/report is for:	a multiemployer plan;	a multip	e-employer plan; or				
		a single-employer plan;	a DFE (s	specify)				
		_	_					
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/report;	a short p	olan year return/report (less t	han 12 months).			
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here						
<b>D</b> Chec	k box if filing under:	Form 5558;	X automat	ic extension;	the DFVC program;			
2 000	and and an analy distribution	special extension (enter des	ш					
Part	II Basic Plan Inform	nation—enter all requested informa	· /					
_	ne of plan	Tanton an requested informa	unon		<b>1b</b> Three-digit plan	001		
	•	SHARING PLAN & TRUST AGREE	EMENT OF MAGNU	M ASSOCIATES	number (PN) ▶			
					1c Effective date of pla	an		
22 Dian	a an an an aria maren and address	(ampleyer if for a single ampleyer	nlan)		01/01/1987	tion		
	ress should include room or s	s (employer, if for a single-employer   suite no.)	pian)		<b>2b</b> Employer Identification Number (EIN)			
	M ASSOCIATES, INC.	· · · · · · · · · · · · · · · · · · ·			91-0989701			
					2c Sponsor's telephone			
					number 206-782-0240			
	IILSHOLE AVE NW E, WA 98107		LSHOLE AVE NW	2d Business code (see	e			
OLATTE	, **********************************	SEATTEE	SEATTLE, WA 98107					
					531130			
Caution	: A penalty for the late or in	complete filing of this return/repor	rt will be assessed	unless reasonable cause i	s 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 t	pest of my knowledge and be	elief, it is true, correct, and con	npiete.		
CION	Filed with authorized/valid ele	octronic cianaturo	10/15/2011	EVELYN HALL				
SIGN HERE	riied with authorized/valid ele	etionic signature.	10/13/2011	EVELTINIALL				
	Signature of plan adminis	trator	Date	Enter name of individual signing as plan administrator				
O.O.								
SIGN HERE								
	Signature of employer/pla	n sponsor	Date	Enter name of individual s	signing as employer or plan sp	onsor		
O.C.								
SIGN HERE								

Date

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

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2010) Page <b>2</b>				
	MAGNUM ASSOCIATES, INC.		Administrator's EIN 91-0989701		
			ministrator's telephone Imber 6-782-0240		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ent the plan number from the last return/report:	ter the name, EIN and	4b EIN		
а	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 complete only lines 6a, 6b, 6c, and 6	6d).			
а	Active participants	6a	3		
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	3		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e			
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	3		
g	Number of participants with account balances as of the end of the plan year (only defined contribution placements this item)		3		
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the plan	ete this item) 7			
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E	aracteristic 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:

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

9a	Plan funding	g arrangement (check all that apply)	9b	Plan bene	efit a	arrangement (check all that apply)
	(1)	Insurance		(1)		Insurance
	(2)	Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3) X	Trust		(3)	X	Trust
	(4)	General assets of the sponsor		(4)		General assets of the sponsor
10	Check all ap	plicable boxes in 10a and 10b to indicate which schedules are at	ttache	d, and, wh	ere	indicated, enter the number attached. (See instructions)
а	Pension Sc	hedules	b	General	Sch	edules
	(1)	R (Retirement Plan Information)		(1)		H (Financial Information)
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)
	<u>—</u>	Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
		actuary		(4)		C (Service Provider Information)

(5)

(6)

**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

2010

This Form is Open to Public

			mopeotion
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending	12/31/2010	
A Name of plan AMENDED AND RESTATED PROFIT SHARING PLAN & TRUST AGREEMENT OF MAGNUM ASSOCIATES	B Three-digit plan number (P	PN) •	001
C Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identif	ication Number	(EIN)
MAGNUM ASSOCIATES, INC.	91-0989701		
Complete Schodule Lift the plan covered fewer than 100 participants as of the beginning of the plan	an year. Vou may also c	omploto Schodi	ulo Lif 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.

### **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	205071	156537
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	205071	156537
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</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	1466	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		1466
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		-48534
<u> </u>	Transfers to (from) the plan (see instructions)	. 2I		

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 lineby-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)			X	
d	Employer securities	3d		X	
	Participant loans	3e	X		10800

		_			
	Schedule I (Form 5500) 2010 Page <b>2-</b>			_	
			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	7 anount
q	Tangible personal property	3g		Χ	
9		зg			
_					
	art II   Compliance Questions			l	
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 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 close of plan				
	year or classified during the year as uncollectible? Disregard participant loans secured by the			X	
	participant's account balance	4b		^	
С	Were any leases to which the plan was a party in default or classified during the year as			X	
	uncollectible?	4c		^	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			X	
	reported on line 4a.)	4d			
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			V	
	fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established			V	
	market nor set by an independent third party appraiser?	4g		X	
h				~	
	established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel			X	
	of real estate, or partnership/joint venture interest?	4i		^	
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	4)			
^	accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50		V		
	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	

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	

**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.....

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

4n

5b(1) Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Inf	ormation					
For calendar plan year 2010 or fiscal plan year begins	ning $01/01/2$	2010 and	ending	12/31/20	)10	e <sup>†</sup> ee
A This return/report is for: a multiemployer plant	an;		a multiple-	employer plan; or		
🔀 a single-employer p	olan;	Ш	a DFE (spe	cify)		
B This return/report is: the first return/report	•	Н		turn/report;		
☐ an amended return		· LJ	a short pla	n year return/repo	t (less th	nan 12 months). ► □
If the plan is a collectively-bargained plan, check here	<b>}</b>	<b>汉</b>		. , r	i	▶∐
D Check box if filing under: Form 5558;			automatic	extension; [	_ the D	FVC program;
Part II Basic Plan Information - enter all re	enter description)					-
1a Name of plan	squested information		1b	Three-digit	т	
	SHARING PLAN	I	"	plan number (PN	) <b>▶</b>	001
& TRUST AGREEMENT OF MAGNUM		•	10	Effective date of		
				01/01/198		
2a Plan sponsor's name and address (employer, if for a	single-employer plan)		2b	Employer Identifi	cation N	umber (EIN)
(Address should include room or suite no.)				91-098970	)1	
MAGNUM ASSOCIATES, INC.			2c	Sponsor's teleph		nber
			ļ	206-782-0	)240	
F400 GUTT GUOT T 3117 377			2d	Business code (s	ee instrı	uctions)
5422 SHILSHOLE AVE NW				531130		4
SEATTLE WA	98107					
5422 SHILSHOLE AVE NW	70107					1917
3422 SHIDSHOLL AVE NW				A Section 1		
SEATTLE WA	98107			1.0		14 A
Caution: A penalty for the late or incomplete filing of t		oe assessed unle	ss reasona	ble cause is estal	olished.	
Under penalties of perjury and other penalties set forth in the instructions, I das the electronic version of this return/report, and to the best of my knowled			ig accompanyin	g schedules, statements	and attach	ments, as well
SIGN & P 91 11 15						
HERE Crahyn Italk	10/15/2011					
Signature of plan administrator	Date	Enter name of inc	dividual sign	ing as plan admini	strator	

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

Date

Date

Form 5500 (2010) V.092307.1

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as DFE

SIGN HERE

SIGN HERE Signature of employer/plan sponsor

Signature of DFE

<b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter <b>SAME</b>		r "Same")	me") 3b Administrator's EIN				
			3c	Administrator's	telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/report fi	led for this plan, ent	er the name,	4b EIN		
	EIN and the plan number from the last return/report:						
а	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 co	mplete only line	es <b>6a, 6b, 6c,</b> and <b>6</b>	d).			
а	Active participants				3		
b	Retired or separated participants receiving benefits			6b			
C	Other retired or separated participants entitled to future benefits			6c			
d	Subtotal. Add lines 6a, 6b, and 6c		··········	6d			
е	Deceased participants whose beneficiaries are receiving or are entitled						
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	3		
g	Number of participants with account balances as of the end of the pla complete this item)				3		
h	Number of participants that terminated employment during the plan ye	ear with accrue	d benefits that were				
	100% vested						
7	Enter the total number of employers obligated to contribute to the plan	n (only multiemp	oloyer plans	_			
Ra	complete this item)		the List of Diss Ob		lan in the instructions		
2E	if the plan provides pension benefits, enter the applicable pension feat	ture codes from	the List of Plan Ch	aracteristic Cod	es in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from t	he List of Plan Char	acteristic Code	s in the instructions:		
			14				
9a	Plan funding arrangement (check all that apply)		nefit arrangement (c	heck all that ap	ply)		
	(1) Insurance	(1)	Insurance				
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412	?(e)(3) insurance	contracts		
	(3) X Trust	(3)					
10	(4) General assets of the sponsor	(4)	General assets of				
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	s are attached,	and, where indicate	d, enter the nur	nber attached.		
а	Pension Schedules	b Genera	al Schedules				
	(1) R (Retirement Plan Information)	(1)	H (Fin	ancial Informati	on)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Mone	ey (2) 🛚	I (Fin	ancial Informati	on - Small Plan)		
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Ins	urance Informa	tion)		
	actuary	(4)	· ·	rvice Provider Ir	<u>-</u>		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)		· · · · · · · · · · · · · · · · · · ·	Plan Information)		
	Information) - signed by the plan actuary	(6)	G (Fin	ancial Transact	ion Schedules)		

### **SCHEDULE** I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB No. 1210-0110

2010

**Public Inspection** 

This Form is Open to

File as an attachment to Form 5500.

Pension Benefit Guaranty Corporation	The do an attachment to	Public Inspection		
For calendar plan year 2010 or fiscal plan yea	r beginning 01/01/2010	and ending $12/3$	31/2010	
A Name of plan		<b>B</b> Three-digi		
AMENDED AND RESTATED PR	OFIT SHARING PLAN			
C Plan sponsor's name as shown on line 2a o	of Form 5500	D Employer	Identification Number (EIN)	

## MAGNUM ASSOCIATES, INC.

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.

### 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:	i de	(a) Beginning	of Year	•	(b) End of Year
а	Total plan assets	1a		2050	71	156537
b	Total plan liabilities	1b				
C	Net plan assets (subtract line 1b from line 1a)	1c		2050	71	156537
2	Income, Expenses, and Transfers for this Plan Year:	4.5	(a) Amo	unt		(b) Total
а	Contributions received or receivable:					
	(1) Employers	2a(1)				
	(2) Participants	2a(2)				Carlotte and the second
	(3) Others (including rollovers)	2a(3)				
b	Noncash contributions	2b				
C	Noncash contributions Other income SEE STATEMENT 1	2c		14	66	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	The second of			1466
е	Benefits paid (including direct rollovers) SEE STATEMENT 2	2e		500	00	$M = M_{\rm c} + M_{\rm c}$
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)					50000
k	Net income (loss) (subtract line 2j from line 2d)			i e juji		-48534
	Transfers to (from) the plan (see instructions)	21		4		
3	Specific Assets: If the plan held assets at anytime during the plan year in 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 means.	n any of Illocate t neets on	the following cated he value of the pla e of the specific ex	gories, c n's inter ception	heck ' est in s desc	Yes" and enter the current a commingled trust containing tribed in the instructions.
			·	Yes	No	Amount
а	Partnership/joint venture interests		3a		X	

Employer real property 3b Real estate (other than employer real property) X 3c

Employer securities X 3d 10800

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

Schedule I (Form 5500) 2010

v.092308.1

	Schedule I (Form 5500) 2010	Page	e <b>2</b> -			
			Yes	No	Amount	
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		X		
	Compliance Questions					
2500000	Int II Compliance Questions	т	V	Nie	A	_
4	During the plan year:		Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time				the second	
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures			v		
£	until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	avi kulija	X		
D	Were any loans by the plan or fixed income obligations due the plan in default as of the					
	close of the plan year or classified during the year as uncollectible? Disregard participant	200		77	19	
	loans secured by the participant's account balance	4b		X		e e e e e e e e e e e e e e e e e e e
С	Were any leases to which the plan was a party in default or classified during the year as	* ****	Mrs. is	-		
	uncollectible?	4c	CONTRACTOR AND	X		MESSAGE
d	Were there any nonexempt transactions with any party-in-interest? (Do not include					.40
	transactions reported on line 4a.)	4d		X		_
е	Was the plan covered by a fidelity bond?	4e		X		CHICKEN III
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was		12.0			×.
	caused by fraud or dishonesty?	4f		X		SEWAN
g	Did the plan hold any assets whose current value was neither readily determinable on an	162	7 7		A. T. Marine Marine	
	established market nor set by an independent third party appraiser?	4g	TERRO POR CALLON	X		(SEASSIN
h	Did the plan receive any noncash contributions whose value was neither readily	2.00			100	
	determinable on an established market nor set by an independent third party appraiser?	4h		X		en alla endan
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,		Hiller,			
	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	18		9/1		
	another plan, or brought under the control of the PBGC?	<b>4</b> j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified	147				
	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		and the second second	
I	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	100				
	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	r? If "Ye	s," en	ter the	amount of any plan assets t	hat
	reverted to the employer this year Yes		Amo			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s	s), ident	tify the	e plan	s) to which assets or liabilitie	s
	were transferred. (See instructions.)					
	5b(1) Name of plan(s)	5h/	2) FIN	l(s)	5b(3) PN(s)	

SCHEDULE I	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER INTEREST		1466.
TOTAL TO SCHEDULE I, LINE 2C		1466.
SCHEDULE I	BENEFITS PAID	STATEMENT 2
DESCRIPTION		AMOUNT
PAYMENTS DIRECTLY TO PARTICIPA	NTS OR BENEFICIARIES	50000.
	50000.	