## 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 sections 6057(b) and 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

2018

This Form is Open to Public Inspection

Part I		Identification Information	l .						
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac					
D		a one-participant plan	a foreign plan						
<b>B</b> This ret	rurn/report is	the first return/report	the final return/repor						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC prograi	m			
	T =	special extension (enter desc	. ,						
Part II	Basic Plan Info	rmation—enter all requested in	formation		T	T			
1a Name COLUMBIA	of plan FITNESS 401(K) PSP				1b Three-digition plan numb (PN) ▶				
					1c Effective d	ate of plan 12/01/2017			
	sponsor's name (emplo			dentification Number					
	`	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	,	structions)		20-2777739			
COLUMBIA COLUMBIA					<b>2c</b> Sponsor's telephone number 509-585-2366				
					2d Business code (see instructions)				
433 E. COLUMBIA DR. KENNEWICK, WA 99336					453990				
	,								
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN			
					<b>3c</b> Administra	tor's telephone number			
					7.4	10. 0 10.0p.10.10 11 <b>0</b> .11.00			
4 16 (1	// EIN 64				Als en				
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			<b>4b</b> EIN				
	sor's name				<b>4d</b> PN				
C Plan N	Name								
<b>5a</b> Total	number of participants	at the beginning of the plan year.			. 5a	12			
<b>b</b> Total	number of participants	at the end of the plan year			. 5b	13			
		account balances as of the end of			. 5c	2			
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the p	lan year		5d(1)	12			
d(2) Total number of active participants at the end of the plan year			. 5d(2) 13						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0					
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca					
SB or Sch		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN		/valid electronic signature.	10/15/2019	OJ FIANDER					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	ın administrator			
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual signing as em	plover or plan sponsor			

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>						_		
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No		
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a		20000				59291	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 4753 (2) Participants 8a(2) 370000 (3) Others (including follovers)	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Others (including rollovers) (8) Other income (loss) (8) Other expenses (loss) (9) Other expenses (loss) (1) Other loss) (1) Other loss) (1)	С	Net plan assets (subtract line 7b from line 7a)	7c	:	20000				5929	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Other including rollovers)	<u>а</u>		8a(1)		4753					
b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  C Benefits paid (including direct rollovers and insurance premiums to provide benefits).  C Certain deemed and/or corrective distributions (see instructions).  B C Certain deemed and/or corrective distributions (see instructions).  B C Certain deemed and/or corrective distributions (see instructions).  B C Certain deemed and/or corrective distributions (see instructions).  B C C Certain deemed and/or corrective distributions (see instructions).  B C C Certain deemed and/or corrective distributions (see instructions).  B C C C Certain deemed and/or corrective distributions (see instructions).  B C C C C C C C C C C C C C C C C C C		(2) Participants	8a(2)		37000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		-2462					
e Certain deemed and/or corrective distributions (see instructions) 8e			8c						3929	<u> </u>
f Administrative service providers (salaries, fees, commissions)	d 		8d		0					
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions)	8e		0	_				
h Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  939291  i Net income (loss) (subtract line 8h from line 8c)  8i  39291  j Transfers to (from) the plan (see instructions)  8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 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:  Part V Compliance Questions  10 During the plan year:  Yes No Amount  a 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 X  c Was the plan covered by a fidelity bond?  10c X  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  e 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).  10g X  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 X  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  10f N X	f	Administrative service providers (salaries, fees, commissions)	trative service providers (salaries, fees, commissions) 8f 0							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses								
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							(	)
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 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:  Part V Compliance Questions  10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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 X  d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10e X  10f X	<u> </u>								3929	
9a		Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	Pai	Part IV Plan Characteristics								
Part V Compliance Questions  10 During the plan year:  a 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)	9a 		feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the in	structions:	
10 During the plan year:  a 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).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).  10g X  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the ins	tructions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
e 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.)	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			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the				•	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		X			
	i	· · · · · · · · · · · · · · · · · · ·	•		10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
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 a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A		
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to				
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)		

## 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 sections 6057(b) and 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

2018

This Form is Open to **Public Inspection** 

For calen		fiscal plan year beginning 01/01/3		and ending 12/	31/2018	***************************************
1 Of Calcin	dar plan year 2010 or		<b></b>	plan (not multiemployer)	<del></del>	hov must attach a
A This re	eturn/report is for:	X a single-employer plan	L	employer information in a		
	,	a one-participant plan	a foreign plan			,
<b>B</b> This re	turn/report is	the first return/report	the final return/repor	•		
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nontns)	
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC program	
		special extension (enter de	scription)			
Part II	Basic Plan In	formation—enter all requested	information			***************************************
1a Name					1b Three-digit	
	Fitness 401(k) PSP				plan number	
					(PN) >	001
					1c Effective dat 12/01/2017	e of plan
		loyer, if for a single-employer plar om, apt., suite no, and street, or F			1	entification Number
		nce, country, and ZIP or foreign po		structions)	(EIN) 20-277	
Columbia F			, , , , , , , , , , , , , , , , , , , ,		2c Sponsor's te	
Columbia F	itness					99) 585-2366
100 = 0-1					453990	de (see instructions)
433 E. Colu	Imbia Ur.				433990	
Kennewick,	WA 99336					
3a Plan a	administrator's name	and address 🏻 Same as Plan Sp	oonsor.		3b Administrator	's EIN
					3C Administrator	's telephone number
					***************************************	
4	1/ 51/ 5:		f		41	
		he plan sponsor or the plan name onsor's name, EIN, the plan name	•		4b EIN	
	sor's name	oridor o harre, ent, the plan harre	caro tre plan natiber nom	the last returnieport.	4d PN	
C Plan I	Name					
5a Total	number of participant	s at the beginning of the plan yea	r		5a	12
<b>b</b> Total	number of participant	s at the end of the plan year		*******************************	5b	13
c Numb	per of participants with	account balances as of the end	of the plan year (only define	d contribution plans	5c	2
	patient some in production for several Production of Production of Several Production of Production	articipants at the beginning of the			5d(1)	12
	**************************************				5d(2)	13
d(2) Total number of active participants at the end of the plan year  e Number of participants who terminated employment during the plan year with accrued benefits that were less						
than	100% vested				5e	0
Caution: A	A penalty for the late	or incomplete filing of this retu other penalties set forth in the instr	urn/report will be assessed	d unless reasonable car	use is established.	olianda a Cabadula
SB or Sch	edule MB completed	and signed by an enrolled actuary	as well as the electronic ve	e examined this return/repor	t, and to the best of	my knowledge and
belief, it is	true, correct, and cor	nplete				, ,
SIGN			10/5/19	Oj Fiander		
HERE	Signature of plan	administrator	Date /	Enter name of individ	ual signing as plan	administrator
OLON:	January Cripium					
SIGN /	1		Data	Enter name of individ	ual cianina as ampl	over or plan enoneer
	Signature of emp	oyer/plan sponsor ice, see the Instructions for Form 55	Date Date	Enter name of individ	uai signing as empli	Form 5500-SF (2018)
ror Paperw	vork Reduction Act Not	ive, see the manuchons for norm se				v.171027

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2012/05/05							Locked Court Development Tree of Artist		
	Were all of the plan's assets during the plan year invested in eligib						***************	XY	es No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	tions.)					XY	es No
	If you answered "No" to either line 6a or line 6b, the plan cann								
C	If the plan is a defined benefit plan, is it covered under the PBGC in					- Innered	-	L	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			. (See ins	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a		2000	00			5	9291
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		2000	00	CONTRACTOR OF CONTRACTOR		59	9291
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>7</sup>	Total	
а 	Contributions received or receivable from: (1) Employers	8a(1)		475	53				
	(2) Participants	8a(2)		3700	00				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		-246	32			Ē	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						39	291
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	le 0						
f	Administrative service providers (salaries, fees, commissions) 8f				0	1-1			
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								0
i	Net income (loss) (subtract line 8h from line 8c)					Antonia del Constanto del Constanto		39	291
j	Transfers to (from) the plan (see instructions)	8j							<del></del>
Par	t IV Plan Characteristics						***************************************		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Pla	an Chai	acteris	stic Cod	es in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plar	n Chara	cterist	ic Code	s in the instr	uctions:	
Par	V Compliance Questions						***************************************		
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu-	tions within	n the time period				***************************************		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			40-		×			
h	Program)			10a		-+			
	reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c		X		-	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			1. magazings201889.8 (000 285 Z. svices)
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		×			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g				10g		×			
h	2520.101-3.)		.,	10h		X	-123	45678	012345
i	If 10h was answered "Yes." check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					
-									

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Form 5500-SF (2018)

Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	В	Ye	s 🛛 No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter Da		of the letter r Year	uling				
If	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	12b							
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 a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	. ⊠ No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 🛛	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to							
***************************************	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				