

Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

1978

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6057(b) and 6058(a) of the Internal Revenue Code, referred to as the Code.

**This Form is
Open to Public
Inspection**

For the calendar plan year 1978 or fiscal plan year beginning _____, 1978 and ending _____, 19

File original of this form, including schedules and attachments, completed in ink or type.

- ▶ Keogh (H.R. 10) plans with fewer than 100 participants and with at least one owner-employee participant **do not file this form.** File Form 5500-K instead.
- ▶ Other pension benefit plans and certain welfare benefit plans with fewer than 100 participants **do not file this form.** File Form 5500-C instead.
- ▶ Governmental plans and church plans (not electing coverage under section 410(d) of the Code). **Do not file this form.** File Form 5500-G instead.
- ▶ Welfare benefit plans with 100 or more participants complete only items 1 through 16 and item 22.
- ▶ Pension benefit plans, unless otherwise excepted, complete all items. Annuity arrangements of certain exempt organizations and individual retirement account trusts of employers complete only items 1 through 6, 9 and 10.
- ▶ Plan number—Your 3 digit plan number must be entered in item 5(c); see instruction 5(c) for explanation of "plan number."
- ▶ **If any item does not apply, enter "N/A."**

1 (a) Name of plan sponsor (employer if for a single employer plan) Address (number and street) City or town, State and ZIP code	1 (b) Employer identification number _____ 1 (c) Telephone number of sponsor () _____ 1 (d) Employer taxable year ends Month _____ Day _____ Year <u>19</u>
2 (a) Name of plan administrator (if other than plan sponsor) Address (number and street) City or town, State and ZIP code	1 (e) Business code number _____ 2 (b) Administrator's employer identification no. _____ 2 (c) Telephone number of administrator () _____

3 Name, address and identification number of plan sponsor and/or plan administrator as they appeared on the last return/report filed for this plan if not the same as in 1 or 2 above ▶ _____

- 4 Check appropriate box to indicate the type of plan entity (check only one box):**
- | | | |
|--|---|--|
| (a) <input type="checkbox"/> Single-employer plan | (c) <input type="checkbox"/> Multiemployer plan | (e) <input type="checkbox"/> Multiple-employer plan (other) |
| (b) <input type="checkbox"/> Plan of controlled group of corporations or common control employers | (d) <input type="checkbox"/> Multiple-employer-collectively-bargained plan | (f) <input type="checkbox"/> Group insurance arrangement (of welfare plans) |

5 (a) (i) Name of plan ▶ _____ (ii) <input type="checkbox"/> Check if name of plan changed since last return/report (iii) <input type="checkbox"/> Check if plan year changed since last return/report	5 (b) Effective date of plan 5 (c) Enter three digit plan number ▶
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- 6 Check at least one item in (a) or (b) and applicable items in (c). Item (d) on page 2 must be completed:**
- (a) Welfare benefit plan:** (i) Health insurance (ii) Life insurance (iii) Supplemental unemployment (iv) Other (specify) ▶ _____
- (b) Pension benefit plan:**
- (i) Defined benefit plan—(Indicate type of defined benefit plan below):
 (A) Fixed benefit (B) Unit benefit (C) Flat benefit (D) Other (specify) ▶ _____
- (ii) Defined contribution plan—(indicate type of defined contribution plan below):
 (A) Profit-sharing (B) Stock bonus (C) Target benefit (D) Other money purchase (E) Other (specify) ▶ _____
- (iii) Defined benefit plan with benefits based partly on balance of separate account of participant (section 414(k) of the Code)
- (iv) Annuity arrangement of a certain exempt organization (section 403(b)(1) of the Code)
- (v) Custodial account for regulated investment company stock (section 403(b)(7) of the Code)
- (vi) Trust treated as an individual retirement account (section 408(c) of the Code)
- (vii) Employee stock ownership plan not part of a qualified plan (section 301(d) of the Tax Reduction Act of 1975)
- (viii) Other (specify) ▶ _____

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Date ▶ _____ Signature of employer/plan sponsor ▶ _____

Date ▶ _____ Signature of plan administrator ▶ _____

6 (Continued)

- (c) Other plan features: (i) Thrift-savings (ii) Keogh (H.R. 10) plan
 (iii) Employee stock ownership as part of a qualified plan (check only if you checked a box in (b)(ii) above)

- (d) Is this plan covered under the Pension Benefit Guaranty Corporation termination insurance program? Yes No Not determined
 If "Yes," list employer identification number and/or plan number used in any filing with PBGC if the number was different than the numbers listed in item 1(b) or 5(c) ▶

7 Number of participants as of the end of the plan year (welfare plans complete only (a)(iv), (b), (c) and (d)):

(a) Active participants (employed or carried as active)	(i) Number fully vested		
	(ii) Number partially vested		
	(iii) Number nonvested		
	(iv) Total		
(b) Retired or separated participants receiving benefits			
(c) Retired or separated participants entitled to future benefits			
(d) Subtotal, sum of (a), (b) and (c)			
(e) Deceased participants whose beneficiaries are receiving or are entitled to receive benefits			
(f) Total, (d) plus (e)			

- (g) During the plan year, was any participant(s) separated from service with a deferred vested benefit (if "Yes," see instructions)?

8 Plan amendment information (welfare plans complete only (a), (b)(i) and (c)):

(a) Was any amendment to this plan adopted in this plan year?	Yes	No
(b) If "Yes," (i) And if a material modification, has a summary description of this modification—		
(A) Been sent to plan participants?		
(B) Been filed with DOL?		
(ii) Does any such amendment result in the reduction of the accrued benefit of any participant under the plan?		
(iii) Will amendment result in a reduction of current or future benefits?		
(iv) Has a determination letter been requested from IRS with respect to such amendment?		
(c) Enter the date the most recent amendment was adopted ▶ Month Day Year		

9 Plan termination information (welfare plans complete only (a), (b), (c) and (f)):

(a) Was this plan terminated during <input type="checkbox"/> this plan year or <input type="checkbox"/> any prior plan year?	Yes	No
(b) If "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan?		
(c) Was a resolution to terminate this plan adopted during this plan year or any prior plan year?		
(d) If (a) or (c) is "Yes," have you received a favorable determination letter from IRS with respect to such termination?		
(e) If (d) is "No," has a determination letter been requested from IRS?		
(f) If (a) or (c) is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?		
(g) If line 6(d) is "Yes," and either item 9(a) or (c) is "Yes," has a notice of intent to terminate been filed with PBGC?		

10 (a) In this plan year, was this plan merged or consolidated into another plan or were assets or liabilities transferred to another plan?

If "Yes," identify other plan(s):	(c) Employer identification number(s)	(d) Plan number(s)
(b) Name of plan(s) ▶		
(e) Has Form 5310 been filed with IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No

11 Indicate funding arrangement: (a) Trust (benefits provided in whole from trust funds)

- (b) Trust or arrangement providing benefits partially through insurance and/or annuity contracts
- (c) Trust or arrangement providing benefits exclusively through insurance and/or annuity contracts
- (d) Custodial account described in section 401(f) of the Code and not included in (c) above
- (e) Other (specify) ▶
- (f) If (b) or (c) is checked, enter the number of Schedule A's (Form 5500) which are attached ▶

12 Did any person who rendered services to the plan receive, directly or indirectly, compensation from the plan in the plan year? Yes No
If "Yes," furnish the following information:

a. Name	b. Official plan position	c. Relationship to employer, employee organization or person known to be a party-in-interest	d. Gross salary or allowances paid by plan	e. Fees and commissions paid by plan	f. Nature of service code (see instructions)

13 Plan assets and liabilities at the beginning and the end of the plan year (list all assets and liabilities at current value). A plan with no trust and which is funded entirely by allocated insurance contracts which fully guarantee the amount of benefit payments should check box and not complete this item

Note: Include all plan assets and liabilities of a trust or separately maintained fund. (If more than one trust/fund, report on a combined basis.) Include all insurance values except for the value of that portion of an allocated insurance contract which fully guarantees the amount of benefit payments. Round off amounts to nearest dollar. Trusts with no assets at the beginning and the end of the plan year enter zero on line 13(h).

Assets	a. Beginning of year	b. End of year
(a) Cash: (i) On hand		
(ii) In bank: (A) Certificates of deposit		
(B) Other interest bearing		
(C) Noninterest bearing		
(iii) Total cash, sum of (i) and (ii)		
(b) Receivables: (i) Employer contributions		
(ii) Employee contributions		
(iii) Other		
(iv) Reserve for doubtful accounts		
(v) Net receivables, sum of (i), (ii) and (iii) minus (iv)		
(c) General investments other than party-in-interest investments:		
(i) U.S. Government securities: (A) Long term		
(B) Short term		
(ii) State and municipal securities		
(iii) Corporate debt instruments: (A) Long term		
(B) Short term		
(iv) Corporate stocks: (A) Preferred		
(B) Common		
(v) Shares of a registered investment company		
(vi) Real estate		
(vii) Mortgages		
(viii) Loans other than mortgages		
(ix) Value of interest in pooled fund(s)		
(x) Other investments		
(xi) Total general investments, sum of (i) through (x)		
(d) Party-in-interest investments:		
(i) Corporate debt instruments		
(ii) Corporate stocks: (A) Preferred		
(B) Common		
(iii) Real estate		
(iv) Mortgages		
(v) Loans other than mortgages		
(vi) Other investments		
(vii) Total party-in-interest investments, sum of (i) through (vi)		
(e) Buildings and other depreciable property		
(f) Value of unallocated insurance contracts (other than pooled separate accounts):		
(i) Separate accounts		
(ii) Other		
(iii) Total, (i) plus (ii)		
(g) Other assets		
(h) Total assets, sum of (a)(iii), (b)(v), (c)(xi), (d)(vii), (e), (f)(iii) and (g)		
Liabilities		
(i) Payables: (i) Plan claims		
(ii) Other payables		
(iii) Total payables, (i) plus (ii)		
(j) Acquisition indebtedness		
(k) Other liabilities		
(l) Total liabilities, sum of (i)(iii), (j) and (k)		
(m) Net assets, (h) less (l)		
(n) During the plan year what were the:		
(i) Total cost of acquisitions for common stock?		
(ii) Total proceeds from dispositions of common stock?		

14 Plan income, expenses and changes in net assets for the plan year:

Note: Include all income and expenses of a trust(s) or separately maintained fund(s) including any payments made for allocated insurance contracts. Round off amounts to nearest dollar.

Income table with columns 'a. Amount' and 'b. Total'. Rows include: (a) Contributions received or receivable in cash from— (i) Employer(s), (ii) Employees, (iii) Others; (b) Noncash contributions; (c) Total contributions; (d) Earnings from investments— (i) Interest, (ii) Dividends, (iii) Rents, (iv) Royalties; (e) Net realized gain (loss) on sale or exchange of assets— (i) Aggregate proceeds, (ii) Aggregate costs; (f) Other income; (g) Total income.

Expenses table with columns 'a. Amount' and 'b. Total'. Rows include: (h) Distribution of benefits and payments to provide benefits— (i) Directly to participants or their beneficiaries, (ii) To insurance carrier or similar organization for provision of benefits, (iii) To other organizations or individuals providing welfare benefits; (i) Interest expense; (j) Administrative expenses— (i) Salaries and allowances, (ii) Fees and commissions, (iii) Insurance premiums for Pension Benefit Guaranty Corporation, (iv) Insurance premiums for fiduciary insurance other than bonding, (v) Other administrative expenses; (k) Other expenses; (l) Total expenses; (m) Net income (expenses), (g) minus (l).

Net assets table with columns 'a. Amount' and 'b. Total'. Rows include: (n) Change in net assets— (i) Unrealized appreciation (depreciation) of assets, (ii) Other changes; (o) Net increase (decrease) in net assets for the year, (m) plus (n); (p) Net assets at beginning of year, line 13(m), column a; (q) Net assets at end of year, (o) plus (p) (equals line 13(m), column b).

15 Has there been any change since the last report in the appointment of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment manager or custodian?

Yes No

If "Yes," explain and include the name, position, address and telephone number of the individual who left or was removed by the plan

- 16 Bonding:**
- (a) Was the plan insured by a fidelity bond against losses through fraud or dishonesty?
If "Yes," indicate number of plans covered by this bond ▶
- (b) If (a) is "Yes," enter the maximum amount of loss recoverable ▶
- (c) Enter the name of the surety company ▶
- (d) Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial interest, direct or indirect, in the surety company or its agents or brokers?
- (e) If the plan is not insured by a fidelity bond, explain why not ▶
- (f) In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or employee of the plan or of other person handling funds of the plan?
If "Yes," see specific instructions.

Yes	No

17 Information about employees of employer at end of the plan year. (Plans not purporting to satisfy the percentage tests of section 410(b)(1)(A) of the Code complete only (a) below and see specific instructions):

- (a) Total number of employees
- (b) Number of employees excluded under the plan because of:
(i) Minimum age or years of service
(ii) Employees on whose behalf retirement benefits were the subject of collective bargaining
(iii) Nonresident aliens who receive no earned income from United States sources
(iv) Total excluded, sum of (i), (ii) and (iii)
- (c) Total number of employees not excluded, (a) less (b)(iv)
- (d) Employees ineligible (specify reason) ▶
- (e) Employees eligible to participate, (c) less (d)
- (f) Employees eligible but not participating
- (g) Employees participating, (e) less (f)

- 18 Is this plan an adoption of a:**
(a) Master/prototype, (b) Field prototype, (c) Pattern, (d) Model plan or (e) Bond purchase plan?
If "Yes," enter the four or eight digit IRS serial number (see instructions) ▶

Yes	No

- 19 (a)** Is it intended that this plan qualify under section 401(a) or 405 of the Code?
(b) Have you requested or received a determination letter from the IRS for this plan?

20 If plan is integrated, check appropriate box:

- (a) Social security (b) Railroad retirement (c) Other

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- 21 (a)** Is this a defined benefit plan subject to the minimum funding standards for this plan year?
If "Yes," attach Schedule B (Form 5500).

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- (b)** Is this a defined contribution plan, i.e., money purchase or target benefit, subject to the minimum funding standards? (If a waiver was granted, see instructions.)
If "Yes," complete (i), (ii) and (iii) below:

- (i) Amount of employer contribution required for the plan year under section 412 of the Code
- (ii) Amount of contribution paid by the employer for the plan year
Enter date of last payment by employer ▶ Month Day Year
- (iii) Funding deficiency, excess, if any, of (i) over (ii) (file Form 5330 to pay tax on deficiency)

22 The following questions relate to the plan year. If (a)(i), (ii), (iii), (iv) or (v) is checked "Yes," schedules of such items in the format set forth in the instructions are required to be attached to this form.

- (a) (i) Did the plan have assets held for investment?
(ii) Did any non-exempt transaction involving plan assets involve a party known to be a party-in-interest?
(iii) 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 uncollectable?
(iv) Were any leases to which the plan was a party in default or classified during the year as uncollectable?
(v) Were any plan transactions or series of transactions in excess of 3% of the current value of plan assets?
- (b) The accountant's opinion is not required or required, attached to this form, and is—
(i) Unqualified
(ii) Qualified
(iii) Adverse
(iv) Other (explain)

Yes	No

23 Complete this item only if you answered "Yes," to Item 6(d)

Did one or more of the following reportable events or other events requiring notice to the Pension Benefit Guaranty Corporation occur during this plan year?
 If "Yes," complete (a) through (h) below.

- (a) Notification by the Internal Revenue Service that the plan has ceased to be a plan as described in Section 4021(a)(2) of ERISA or a determination by the Secretary of Labor of non-compliance with Title I of ERISA
- (b) A decrease in active participants to the extent specified in the instructions
- (c) A determination by the Internal Revenue Service that there has been a termination or partial termination of the plan within the meaning of Section 411(d)(3) of the Code
- (d) An inability to pay benefits when due
- (e) A distribution to a Substantial Owner to the extent specified in the instructions
- (f) An alternative method of compliance has been prescribed for this plan by the Secretary of Labor under Section 110 of ERISA
- (g) A cessation of operations at a facility to the extent specified in the instructions
- (h) A withdrawal of a substantial employer

Yes	No
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]
[Hatched]	[Hatched]

If additional space is required for any item, attach additional sheets the same size as this form.