Form **5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefit Programs

Pension Benefit Guaranty Corporation

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

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.

1980
Amended ☐

This Form is Open to Public Inspection

For the calendar plan year 1980 or fiscal plan year beginning , 1980 and ending , 19 .

Type or print in ink all entries on the form, schedules, and attachments. If an item does not apply enter "N/A". File the originals.

▶ 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.

▶ Church plans (not electing coverage under section 410(d) of the Code) and governmental plans **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 and custodial account arrangements of certain exempt organizations and individual retirement account trusts of employers complete only items 1 through 6, 9 and 10.

6 Check at least one item in (a) or (b) and applicable items in (c):

(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) ☐ 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 (c) Other plan features:

(i) ☐ Thrift-savings (ii) ☐ Keogh (H.R. 10) plan

(iii) ☐ Pension plan maintained outside the United States (iv) ☐ Participant-directed account plan

(d) Single employer plans enter the taxable year end of the employer in which this plan year ends . . ▶ Month Day Year

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) . . . . . .

	Yes	No
(g) (i) During this plan year or prior plan year was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached to this form?		
(ii) If "Yes," enter the number of separated participants required to be reported . . . ▶		
8 Plan amendment information (welfare plans do not complete (b)(ii)):		
(a) Was any amendment to this plan adopted in this plan year?		
(b) If "Yes," (i) And if any amendments have resulted in a change in the information contained in a summary plan description or previously furnished summary description of modifications—		
(A) Have summary descriptions of change(s) been sent to participants?		
(B) Have summary descriptions of the change(s) been filed with DOL?		
(ii) Does any such amendment result in the reduction of the accrued benefit of any participant under the plan?		
(c) Enter the date the most recent amendment was adopted . . ▶ Month ..... Day ..... Year		
(d) (i) Has a summary plan description been filed with DOL for this plan?		
(ii) If (i) is "Yes," what was the employer identification number and the plan number used to identify it? Employer identification number ▶ Plan number ▶		
9 Plan termination information (welfare plans complete only (a), (b), (c) and (f)):		
(a) Was this plan terminated during ☐ this plan year or ☐ any prior plan year?		
(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 either item 9(a) or (c) is "Yes," and this plan is covered under PBGC termination insurance program has a notice of intent to terminate been filed?		
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):

(b) Name of plan(s) ▶	**(c)** Employer identification number(s)	**(d)** Plan number(s)

(e) Has Form 5310 been filed? . . . . . ☐ Yes ☐ 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 Schedules A (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.** Employer identification number (see instructions)	**c.** Official plan position	**d.** Relationship to employer, employee organization or person known to be a party-in-interest	**e.** Gross salary or allowances paid by plan	**f.** Fees and commissions paid by plan	**g.** 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 fully insured welfare plan or a pension 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	a. Amount	b. Total
(a) Contributions received or receivable in cash from—		
(i) Employer(s) (including contributions on behalf of self-employed individuals)		
(ii) Employees		
(iii) Others		
(b) Noncash contributions (specify nature and by whom made) ▶		
(c) Total contributions, sum of (a) and (b)		
(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 (specify) ▶		
(g) Total income, sum of (c) through (f)		

Expenses	a. Amount	b. Total
(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 (specify) ▶		
(l) Total expenses, sum of (h) through (k)		
(m) Net income (expenses), (g) minus (l)		

	a. Amount	b. Total
(n) Change in net assets—		
(i) Unrealized appreciation (depreciation) of assets		
(ii) Other changes (specify) ▶		
(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 All plans complete (a). Plans funded with insurance policies or annuity contracts also complete (b) and (c):

	Yes	No
(a) Since the end of the plan year covered by the last return/report has there been a termination in the appointment of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment manager or custodian?		
If "Yes," explain and include the name, position, address and telephone number of the person whose appointment has been terminated ▶		
(b) Have any insurance policies or annuities been replaced during this plan year?		
If "Yes," explain the reason for the replacement ▶		
(c) At any time during the plan year was the plan funded with: *(i)* ☐ Individual policies or annuities, *(ii)* ☐ Group policies or annuities, or *(iii)* ☐ Both.		

	Yes	No
16 Bonding:		
(a) Was the plan insured by a fidelity bond against losses through fraud or dishonesty?		
If "Yes," complete (b) through (f); if "No," only complete (g).		
(b) Indicate number of plans covered by this bond ▶		
(c) Enter the maximum amount of loss recoverable ▶		
(d) Enter the name of the surety company ▶		
(e) 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?		
(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.		
(g) If the plan is not insured by a fidelity bond, explain why not ▶		

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 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)	

	Yes	No
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) ▶		
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?		
(c) Is this a plan with Employee Stock Ownership Plan features?		
(i) If "Yes," was a current appraisal of the value of the stock made immediately prior to any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report?		
(ii) If (i) is "Yes," was the appraisal made by an unrelated third party?		
(iii) If (ii) is "No," was the appraisal made in accordance with the provisions of Revenue Ruling 59–60? . . .		
20 If plan is integrated, check appropriate box:		
(a) ☐ Social security **(b)** ☐ Railroad retirement **(c)** ☐ Other		
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).		
(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) If (i) is greater than (ii) subtract (ii) from (i) and enter the funding deficiency here, otherwise enter zero. (If you have a funding deficiency file Form 5330.)		
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? .		

22 *(Continued)*

(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) ▶

23 (a) *(i)* Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? . . . . . ☐ Yes ☐ No ☐ Not determined

(ii) If "Yes," list employer identification number(s) and/or plan number(s) used in any filing with PBGC if the number was different from the numbers listed in item 1(b) or 5(c) ▶.....

	Yes	No
(b) If (a)(i) is "Yes," Or "Not determined," did any events requiring notice to PBGC occur during this plan year? . .		

(c) If (b) is "Yes," indicate which events occurred that required notice to PBGC (see instructions) .....

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

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