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 6039D, 6057(b) and 6058(a) of the Internal Revenue Code, referred to as the Code.**

▶ **For Paperwork Reduction Act Notice, see page 1 of the instructions.**

OMB No. 1210-0016

**1985**

**This Form is Open to Public Inspection**

For the calendar plan year 1985 or fiscal plan year beginning , 1985, 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.**

If *(i)* through *(iii)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:
*(i)* ☐ the first return/report filed for the plan; *(ii)* ☐ an amended return/report; or *(iii)* ☐ the final return/report filed for the plan.

▶ Caution: A penalty of $25 a day for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established—see General Instruction F.

▶ Welfare benefit plans including those described in Code sections 120, 125 and 127, need only complete certain items—see the instructions What to File.

▶ Keogh (H.R. 10) plans must check the box in item 5a(iii).

▶ If you have been granted an extension of time to file this form, you must attach a copy of the approved extension to this form.

**Use IRS label. Otherwise, please print or type.**

| | |
|---|---|
| **1 a** Name of plan sponsor (employer if for a single employer plan) | **1 b** Employer identification number |
| Address (number and street) | **1 c** Telephone number of sponsor ( ) |
| City or town, state and ZIP code | **1 d** If plan year changed since last return/report, check here. ▶ ☐ |
| **2 a** Name of plan administrator (if same as plan sponsor enter "Same") | **1 e** Business code number ▶ |
| Address (number and street) | **2 b** Administrator's employer identification no. |
| City or town, state and ZIP code | **2 c** Telephone number of administrator ( ) |

**3** Is the name, address and identification number of the plan sponsor and/or plan administrator the same as they appeared on the last return/report filed for this plan? ☐ Yes ☐ No. If "No," enter the information from the last return/report in **a** and/or **b**.

**a** Sponsor ▶ _____ EIN _____

**b** Administrator ▶ _____ EIN _____

**c** If **a** indicates a change in the sponsor's name and EIN, is this a change in sponsorship only? (See specific instructions for definition of sponsorship.) ☐ Yes ☐ No

**4** Check appropriate box to indicate the type of plan entity (check only one box):

**a** ☐ Single-employer plan
**b** ☐ Plan of controlled group of corporations or common control employers
**c** ☐ Multiemployer plan
**d** ☐ Multiple-employer-collectively-bargained plan
**e** ☐ Multiple-employer plan (other)
**f** ☐ Group insurance arrangement (of welfare plans)

| | |
|---|---|
| **5 a** *(i)* Name of plan ▶ _____ | **5 b** Effective date of plan |
| *(ii)* ☐ Check if name of plan changed since last return/report<br>*(iii)* ☐ Check this box if this is a Keogh (H.R. 10) plan. | **5 c** Enter three-digit plan number ▶ |

**6** Check at least one item in **a** or **b** and applicable items in **c**: **a** Welfare benefit plan (Plan numbers 501 through 999):

*(i)* ☐ Health insurance *(ii)* ☐ Life insurance *(iii)* ☐ Supplemental unemployment
*(iv)* ☐ Other (specify) ▶ _____
*(v)* ☐ Code section 120 (group legal services plan) *(vi)* ☐ Code section 125 (cafeteria plan)
*(vii)* ☐ Code section 127 (educational assistance program) If you checked *(v)*, *(vi)*, or *(vii)* check if ☐ funded or ☐ unfunded.

**b** Pension benefit plan (Plan numbers 001 through 500):

*(i)* Defined benefit plan—(Indicate type of defined benefit plan): (A) ☐ Fixed benefit (B) ☐ Unit benefit (C) ☐ Flat benefit (D) ☐ Other (specify) ▶ _____
*(ii)* Defined contribution plan—(indicate type of defined contribution 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 (Code section 414(k))
*(iv)* ☐ Annuity arrangement of a certain exempt organization (Code section 403(b)(1))
*(v)* ☐ Custodial account for regulated investment company stock (Code section 403(b)(7))
*(vi)* ☐ Pension plan utilizing individual retirement accounts or annuities (described in Code section 408) as the sole funding vehicle for providing benefits
*(vii)* ☐ Other (specify) ▶

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/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)* ☐ Participant-directed account plan
*(iii)* ☐ Pension plan maintained outside the United States *(iv)* ☐ Master trust (see instructions) ▶ _____

| | | Yes | No |
|---|---|---|---|
| **d** | Single-employer plans enter the tax year end of the employer in which this plan year ends ▶ Month _____ Day _____ Year _____ | | |
| **e** | Is this a pension plan of an affiliated service group? | | |
| **f** | Does this plan contain a cash or deferred arrangement described in Code section 401(k)? | | |

**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: *(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 (add **a**(iv), **b** and **c**) | |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | |
| **f** | Total (add **d** and **e**) | |

| | | Yes | No |
|---|---|---|---|
| **g** | *(i)* 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)*):

| | | Yes | No |
|---|---|---|---|
| **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 the change(s) been sent to participants? | | |
| | (B) Have summary descriptions of the change(s) been filed with DOL? | | |
| | *(ii)* Does any 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**:)

| | | Yes | No |
|---|---|---|---|
| **a** | Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ▶ _____ | | |
| **b** | Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC? | | |
| **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 for the 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 **a** is "Yes," and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of 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? ☐ Yes ☐ No

| 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? ☐ **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 Code section 401(f) 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 a** Has the plan used the services of a contract administrator (see instructions)? ☐ **Yes** ☐ **No**
If "Yes," you must complete line (1) of the schedule below.
**b** Did any other 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 starting on line (2):

| **(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) |
|---|---|---|---|---|---|---|
| **(1)** | | Contract admin. | | | | 13 |
| **(2)** | | | | | | |
| **(3)** | | | | | | |

**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 the box and not complete the rest of 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 the nearest dollar. Trusts with no assets at the beginning and the end of the plan year enter zero on line 13h.*

| | (a) Beginning of year | (b) End of year |
|---|---|---|
| **Assets** | | |
| **a** Cash: *(i)* On hand | | |
| *(ii)* In bank: (A) Certificate of deposit | | |
| (B) Other interest bearing | | |
| (C) Noninterest bearing | | |
| *(iii)* Total cash (add *(i)* and *(ii)*) | | |
| **b** Receivables: *(i)* Employer contributions | | |
| *(ii)* Employee contributions | | |
| *(iii)* Other | | |
| *(iv)* Reserve for doubtful accounts | | |
| *(v)* Net receivables (subtract *(iv)* from the total of *(i)*, *(ii)* and *(iii)*) | | |
| **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)* Value of interest in master trust | | |
| *(xi)* Other investments | | |
| *(xii)* Total general investments (add *(i)* through *(xi)*) | | |
| **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 (add *(i)* through *(vi)*) | | |
| **e** Buildings and other depreciable property used in plan operation | | |
| **f** Value of unallocated insurance contracts (other than pooled separate accounts): | | |
| *(i)* Separate accounts | | |
| *(ii)* Other | | |
| *(iii)* Total (add *(i)* and *(ii)*) | | |
| **g** Other assets | | |
| **h** Total assets (add **a***(iii)*, **b***(v)*, **c***(xii)*, **d***(vii)*, **e**, **f***(iii)* and **g**) | | |
| **Liabilities** | | |
| **i** Payables: *(i)* Plan claims | | |
| *(ii)* Other payables | | |
| *(iii)* Total payables (add *(i)* and *(ii)*) | | |
| **j** Acquisition indebtedness | | |
| **k** Other liabilities | | |
| **l** Total liabilities (add **i**, **j**, and **k**) | | |
| **m** Net assets (subtract **l** from **h**) | | |
| **n** During the plan year what were the: | | |
| *(i)* Total costs 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 (add total of **a***(iii)* 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 (add **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 (add **h** through **k**) | | |
| **m** Net income (expenses) (subtract **l** from **g**) | | |

| | (a) Amount | (b) Total |
|---|---|---|
| **n** Changes in net assets — | | |
| *(i)* Unrealized appreciation (depreciation) of assets | | |
| *(ii)* Net investment gain (or loss) from all master trust investment accounts | | |
| *(iii)* Other changes (specify) ▶ | | |
| **o** Net increase (decrease) in net assets for the year (add **m** and **n**) | | |
| **p** Net assets at beginning of year (line 13**m**, column (a)) | | |
| **q** Net assets at end of year (add **o** and **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 the 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: | | |
| **a** Does the plan satisfy the percentage tests of Code section 410(b)(1)(A)? If "No," complete only **b** below and see Specific Instructions . . . . . | | |
| **b** Total number of employees . . . . . | | |
| **c** 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 (add *(i)*, *(ii)* and *(iii)*) . . . . . | | |
| **d** Total number of employees not excluded (subtract **c***(iv)* from **b**) . . . . . | | |
| **e** Employees ineligible (specify reason) ▶ _____ | | |
| **f** Employees eligible to participate (subtract **e** from **d**) . . . . . | | |
| **g** Employees eligible but not participating . . . . . | | |
| **h** Employees participating (subtract **g** from **f**) . . . . . | | |
| **18** Is this plan an adoption of any of the plans below? (If "Yes," check appropriate box and enter IRS serial number): | Yes | No |
| **a** ☐ Master/prototype plan, or **b** ☐ Uniform plan . . . . . Enter the eight-character IRS letter serial number (see instructions) ▶ | | |
| **19** **a** Is it intended that this plan qualify under Code section 401(a)? . . . . . | | |
| **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 before 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? . . . . . | | |
| **20** **a** If plan is integrated, check appropriate box: *(i)* ☐ Social security *(ii)* ☐ Railroad retirement *(iii)* ☐ Other | | |
| **b** Does the employer/sponsor listed in item **1a** of this form maintain other qualified pension benefit plans? . . . . If "Yes," list the number of plans including this plan ▶ | | |
| **21** **a** If this is a defined benefit plan, is it subject to the minimum funding standards for this plan year? . . . . . If "Yes," attach Schedule B (Form 5500). | | |
| **b** If this is a defined contribution plan, i.e., money purchase or target benefit, is it 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 Code section 412 . . . . . | | |
| *(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** Answer questions **a**, **b**, and **c** relating to the plan year. If **a***(i), (ii), (iii), (iv)* or *(v)* is checked "Yes," schedules of those | **Yes** | **No**